Best Practices in STD Partner Management

An Overview of Patient-Delivered Partner Therapy (PDPT) and Counseling for Partner Notification and Treatment

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Outline

- Background
- STDs rates in California
- STD screening + treatment guidelines
- Giving positive CT/GC results
- Partner treatment counseling
- PDPT
CFHC champions and promotes quality sexual + reproductive health care for all
CFHC STD Prevention Programs

- Funded by

- Enhance STD prevention in CA
CFHC Learning Exchange

- Leading resource for up-to-date clinical practices and guidelines on sexual + reproductive health care service delivery
- Live webinars, in-person trainings + online courses
Welcome to your online learning portal powered by California Family Health Council's Learning Exchange.

CFHC's Featured Trainings

Family Planning Health Worker Certification Training
2-day certification training for health organization staff and educators who want to provide high-quality comprehensive contraceptive counseling.

"This is a very complete & interactive program. I highly recommend it to anyone who counsels or teaches others about birth control, safer sex, STD prevention and sexual health."

"The FPHW course gave our staff a standarized way to provide consistent and comprehensive FPHW curriculum across our organizations."

"I am thrilled with CFHC's new 'one-stop shop' for all our staff training needs on sexual and reproductive health."

"Now I can track all my CEUs in one place... and it's FREE!"
Persistent Threats to Sexual Health

- Most common **reportable** STDs in United States
  - Chlamydia: estimated 3 million incident cases annually
  - Gonorrhea: estimated 1 million incident cases annually
- Increased risk of HIV infection

Risks to Untreated Women

Untreated genital CT or GC infection

Silent PID

Acute PID

Infertility

Ectopic pregnancy

Chronic Pelvic Pain

National Network of STD/HIV Prevention Training Centers; Pelvic Inflammatory Disease (PID). October 2011.
California STD Rates

Chlamydia (CT)

Gonorrhea (GC)
CA STD Incidence Rates
1990-2013

Chlamydia
Rate: 439.5
(N=167,916)

Gonorrhea
Rate: 100.4
(N=38,365)

Note: Rates are per 100,000 population.
Source: California Department of Public Health, STD Control Branch
Rates by County
2013

Note: Rates are per 100,000 population.
Source: California Department of Public Health, STD Control Branch
County Ranking
By Incidence Rates
2013

Chlamydia

Gonorrhea

State Rate = 439.5

State Rate = 100.4
By age group and gender

2013

Chlamydia

Gonorrhea

Age Group

Note: Rates are per 100,000 population. Source: California Department of Public Health, STD Control Branch
By race/ethnicity and gender 2013

NA/AN = Native American/Alaskan Native
A/PI = Asian/Pacific Islander

Note: Rates are per 100,000 population.
Source: California Department of Public Health, STD Control Branch
Epidemiology Summary

- Hotspots throughout CA
- High rates

<table>
<thead>
<tr>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Females</td>
<td>• Males</td>
</tr>
<tr>
<td>• Ages 15-24</td>
<td>• Ages 20-35</td>
</tr>
<tr>
<td>• Blacks/African-Americans</td>
<td>• High disparities</td>
</tr>
<tr>
<td></td>
<td>• MSM</td>
</tr>
<tr>
<td></td>
<td>• Blacks/African-Americans</td>
</tr>
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</table>
Screening Recommendations: Women

- All sexually active women $\leq 25$ annually
- Women $> 25$ according to risk
- All pregnant women during 1$^{st}$ trimester
- All HIV-positive women annually
Screening Recommendations: Men

- **No routine screening** for heterosexual men
  - Screen according to risk + incidence rates
- **All MSM** *annually*
- **All HIV-positive men** *annually*
## Risk Factors by Population

<table>
<thead>
<tr>
<th>Population</th>
<th>Risk Factors</th>
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</thead>
<tbody>
<tr>
<td>Adolescents and women ≤ 25</td>
<td>Sexual activity represents a significant risk factor for CT/GC due to high levels of CT/GC in this population</td>
</tr>
<tr>
<td>Women &gt; 25</td>
<td>Prior CT or GC infection, particularly in past 24 months; multiple sex partners in past yr; suspicion that recent sex partner may have had concurrent partners; new sex partner in past 3 months; exchanging sex for drugs or $ in past year</td>
</tr>
<tr>
<td>MSM</td>
<td>Multiple partners; IV drug use; sex in conjunction with illicit drug use; sex partners who engage in these activities</td>
</tr>
<tr>
<td>Heterosexual men</td>
<td>In high-risk settings (e.g. correctional facilities); prior CT or GC infection</td>
</tr>
</tbody>
</table>
Sexual Risk Assessment

- Have you had sex with men, women, or both?
- Since your last CT/GC test (or during the past yr), how many people have you had sex with?
- Since your last CT/GC test (or during the past yr), is it possible that any of your sex partners had sex with other partners while they were still in a sexual relationship with you?
- Have you ever had CT and/or GC?
- What’s your plan for preventing STDs?
Would You Screen…?

- 25 yr old woman at clinic for Depo shot?
- 16 yr old woman visiting her pediatrician?
- 27 yr old woman at her annual physical?
- 27 yr old heterosexual man at his annual physical?
- MSM college student who reports no CT/GC symptoms?
Chlamydia + Gonorrhea Clinical Management

Screen → Treat Patients → Treat Partners → Retest
Chlamydia:
- Azithromycin
  - 1 g po
- Alternative: Doxycycline
  - 100 mg po bid x 7 d

Gonorrhea:
- Ceftriaxone
  - 250 mg IM
- Azithromycin alt. doxycycline
  - same as CT tx above
CDC Treatment App

http://www.cdc.gov/std/STD-Tx-app.htm
Counseling Positive Patients

- What your patients need to know:
  - CT/GC are sexually transmitted
  - Take medication properly
  - Partner treatment
  - No sex (or use a condom) for 7 days after you AND your partner(s) have been treated
  - Retest in 3 months
What Do Patients Want To Know?

- Why did this happen to me?
- Who do I have to tell?
- Will I be OK?
- When can I have sex again?
Help Your Patients Open Up

- Don’t make assumptions
- Assess and improve perception of risk
- Tailor sessions to address patient concerns
- Ask open-ended questions
- Talk the same language
- Talk less
Chlamydia + Gonorrhea Clinical Management

- Screen
- Treat Patients
- Treat Partners
- Retest
High reinfection rates
- Often result from sex with untreated partner

Increased risk of serious sequelae with repeat infection*
- 2x odds of ectopic pregnancy
- 4x odds of PID

Partner Treatment Recommendations

- Treat **all** sexual partners from 2 months prior to positive test
- Provide variety of options to allow patient to customize plan for ensuring all partners are treated

Partner Management Options

- Patient brings partner to clinic (BYOP)
- Patient refers partner for testing
- Provider referral
- Local health department referral
- Anonymous partner notification
- Expedited partner therapy (EPT)
  - Patient-delivered partner therapy (PDPT)
Ask Patients What Kind of Support They Need to Talk to Their Partners

- Do they want to role play?
- Do they want to bring their partners in to get treated?
- Brainstorm about what will make them more comfortable
- Discuss a variety of options for partner notification and treatment
Key Questions to Ask Your Patients

- What do you think notifying your partner(s) might be like?
- How do you think your partner is going to react?
- What are you most worried about?
- When and where is a good time and place to have this conversation?
- Would practicing the conversation help you?
Helping Your Patients Talk to Their Partners

- Assess patient’s perception of safety: www.futureswithoutviolence.org
- Encourage your patients not to wait to tell their partners
- Let them know that you know it’s not an easy conversation to have
- Assure your patients have the facts they need to share with their partners
Expedited partner therapy (EPT) is the practice of treating the sex partners of persons with sexually transmitted diseases (STD) without an intervening medical evaluation or professional prevention counseling.

“EPT should be available to clinicians as an option for partner management.”

Legal Status of EPT in U.S.

Patient-Delivered Partner Therapy (PDPT)

- Most common form of EPT
  - Patient-delivered partner therapy (PDPT)
- Alternative partner management strategy
  - Harm-reduction approach for cases where partner is unable or unlikely to seek care in a clinical setting
PDPT involves providing the index patient with the appropriate *medication/prescription* and *educational materials* for sexual partners.
PDPT + California Law

- PDPT is legal in California
- Exception to Medical Practice Act
  - Health and Safety Code §120582
  - Chlamydia – SB 648 (Ortiz, Chapter 835, Statues of 2000)
  - Gonorrhea – AB 2280 (Leno, Chapter 771, Statutes of 2006)
“Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California”

California Department of Public Health Sexually Transmitted Diseases (STD) Control Branch in collaboration with California STD Controllers Association, the California STD/HIV Prevention Training Center, and the California Chlamydia Action Coalition

Chlamydia

- **First-Line Treatment**: azithromycin 1 gm orally once
- **Patient-Delivered Partner Therapy**: azithromycin 1 gm orally once

Gonorrhea

- **First-Line Treatment**: ceftriaxone 250 mg IM once + azithromycin 1 gm orally once
- **Patient-Delivered Partner Therapy**: cefixime 400 mg orally once + azithromycin 1 gm orally once
Which Partners Can Get PDPT?

- **All** sex partners within last 2 months of index patient’s diagnosis
- Most recent sex partner(s) if no sex partners within last 2 months
- Male + female partners
- No limit to number of doses that can be distributed in the case of multiple sex partners
When Should PDPT Not Be Used?

- Co-infected with other STDs
- Suspected child abuse, sexual assault, or where a patient’s safety is in question
- Severe allergies to antibiotics
Partners should:
1. Seek a complete STD evaluation
2. Read informational material
3. Not take PDPT medications if they have allergies to antibiotics
4. Not take PDPT medications if they have symptoms of a more serious infection
5. Abstain from sex (or use condoms) for 7 days after treatment in order to prevent reinfection
Problem: Neither Medi-Cal nor FPACT reimburse PDPT medication

Solution: CFHC CT/GC PDPT Distribution Program
CFHC’s CT/GC PDPT Distribution Program

Since launch, CFHC’s CT/GC PDPT Distribution Program has provided

- 217,072 doses CT PDPT
- 4,980 doses GC PDPT
Chlamydia / Gonorrhea PDPT Distribution Program

California Family Health Council’s (CFHC) Chlamydia/Gonorrhea (CT/GC) Patient-Delivered Partner Therapy (PDPT) Distribution Program is designed to ensure that exposed sex partners of patients diagnosed with a chlamydia and/or gonorrhea infection receive timely treatment to prevent repeat infection.

PDPT is not intended as a first-line partner management strategy. It is an evidence-based alternative for treating partners who are unable or unlikely to visit a health center. This program is intended for sex partners of uninsured or underinsured patients.

Through the CT/GC PDPT Distribution Program, Title-X funded clinics (TXFCs) in California and local health jurisdictions (LHJs) are supplied with free partner treatment medication to give to their patients diagnosed with chlamydia and/or gonorrhea who can deliver the medication to their sex partners without the physician’s knowledge.
Eligibility

Each health center site must:

1. Be located in California
2. Serve a population at risk for STDs
3. Serve an uninsured or underinsured population
4. And either:
   - Provide direct onsite dispensing of CT or GC medication to index patients for own treatment, or
   - Provide CT or GC medication to index patients for own treatment via onsite pharmacy
Participation Requirements

- Distribute PDPT to CT/GC+ patients for treatment of partners unable or unlikely to seek care and who are uninsured or underinsured
- Dispense PDPT with educational materials and clinic referral
- Maintain log of all dispensed PDPT medication
- Watch CFHC’s PDPT webinar series annually
Registration
cfhc.org/pdpt

Chlamydia / Gonorrhea PDPT Distribution Program

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Log-in
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Site State: California

REQUEST MEDICATION

Previous PDPT Medication Orders

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Site Name</th>
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<th>GC PDPT Doses Requested</th>
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<td>0</td>
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</tbody>
</table>

[More Orders]
Ordering PDPT

- Only 1 PDPT point-person per agency may order medication for all participating sites
- May order medication 1x/mo for each site
  - **No limit** to amount of medication requested
  - Recommended 2 bulk orders of 6 month supply per year
- Submit medication log data
Frequently Asked Questions

cfhc.org/pdpt/faq

Chlamydia / Gonorrhea PDPT Distribution Program

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Chlamydia and Gonorrhea Clinical Management

1. Screen
2. Treat Patients
3. Treat Partners
4. Retest
Retesting Recommendations

- All patients at **3 months** post-treatment
  - Test for both CT and GC regardless of initial diagnosis
- Opportunistic retesting encouraged
Strategies for Patient Retesting

- Counseling at treatment visit
- Written materials
- Advance appointments
- Traditional reminder systems
- Text message and/or email reminders
  - Bedsider

Take Aways

- NPs in CA play an important role in reducing STD rates
- Counseling is an essential part of quality STD treatment + prevention
- PDPT is an effective alternative partner management strategy
  - cfhc.org/pdpt
Thank you!

Questions?

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More CFHC at CANP!

- **Assessing Pregnancy Intention as a Vital Sign in Primary Care**
  - Presented by Andria Hancock-Creer, MPH + Denise Lewis, NP
  - Sunday, March 22 from 11:30am-12:45pm