Table of Contents

1. Disease Intervention Activities .................................................................1
STD Program Management

Disease Intervention Activities
Prerecorded Module

Objectives

Participants will be able to:
- Describe key disease intervention activities
- Describe how surveillance interrelates / supports / underpins disease intervention
- List the 3 essential elements of a partner services program
- Describe how to utilize quantitative and qualitative data to identify appropriate screening venues
- Recognize how key partnerships enhance disease intervention activities
- Describe how monitoring and evaluation of program components brings about improvement

Key Disease Intervention Activities

- Surveillance
- Partner Services
- Screening
Ongoing Efforts to Enhance Disease Intervention Activities

- Key Partnerships
- Program Evaluation and Improvement

Disease Intervention Activities

Surveillance: Remember this slide?

- Legal reporting requirements
- Data management
- Public health response/case management
- Collaboration with providers
- Screening opportunities
Screening

Two Types

- Passive
  - Family planning and prenatal clinics
  - HIV providers
  - Commercial managed care organizations
  - Non-clinical settings
  - Blood banks

- Active
  - Community-based STD Intervention
  - Screening/Testing of at-risk individuals

Surveillance Support of Disease Intervention Activities

Disease Intervention Staff Activities

- Processing of Reports
- Follow-up on Reports
- Provider Visitations
- Laboratory Visitations

What is Partner Services?
Partner Services

Partner services are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. A critical function of partner services is partner notification, a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk.

Legal authority for partner services:
- Resides with the individual state
- Policies and procedures adopted should be consistent with the applicable state law and regulations

Partner Counseling, Testing, and Referral in Ten States* with Highest Reported HIV/AIDS Cases in 2002

- Total HIV/AIDS cases = 55,167
  - 12,137 (22%) were interviewed and partners elicited through PCTRS
  - Of 14,042 partners elicited
    - 2,247 (16%) previously known to be HIV+
    - 6,133 (52%) were tested through PCTRS
    - 1,104 (18%) of those were newly identified HIV+

Partner Services

**PS Essential Elements:**
- Interviewing patients
- Partner notification
- Case management

The Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection
[http://www.cdc.gov/nchhstp/partners/Partner-Services.html](http://www.cdc.gov/nchhstp/partners/Partner-Services.html)

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Partner Services

**PS Case Management**
- Pre-Interview Analysis
- Original Interview
- Post-Interview Analysis
- Referral of Partners/Clusters
- Clustering
- Re-Interview
- Case Closure

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Partner Services

**Interviewing patients**
- Patient education
- Partner elicitation
- Risk reduction counseling
- Linkage to care
- Referral to services
Partner Services

Partner notification
- Traditional strategies
- Internet partner services (IPS) for STDs
- Expedited Partner Therapy (EPT)

Internet Partner Services (IPS)
IPS augments traditional case management and aids in location, notification, testing, and treatment of partners
Internet Partner Services

What are the benefits of IPS?

Benefits to IPS
- Immediate notification (24/7)
- Helps *identify* anonymous/ pseudonymous partners
- Can result in increased number of partners:
  - Being notified
  - Responding
  - Getting diagnosed and treated
- Resource efficient
- Confidential, private
- Can link partners immediately to information and other services
- Can help when other PS methods are not possible

Where to begin
- NCSD Guidelines  [www.ncsddc.org](http://www.ncsddc.org)
Internet Partner Services

Guideline contents include:
- Types of partner services
- Before you begin
- Legal authority
- Confidentiality and ethics
- Engagement of appropriate stakeholders
- Getting started
- Staffing
- Training
- Implementing IPS
- Types of notifications
- Future of IPS

A lot to consider...
- Who will do it?
  - All staff or only dedicated staff?
- How will patients be involved?
- What tools already exist?
  - www.inspot.org (ISIS)
  - e-cards http://www2c.cdc.gov/ecards/index.asp
  - STDPreventiononline.org

More to consider:
- Permission to access adult sites
- New challenges related to confidentiality and/or privacy
- Anonymity of partners
- Unable to confirm treatment without a real name/address
- Potential for abuse
- Difficult to evaluate
Expedited Partner Therapy (EPT)

What is EPT?
- The clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

Possible approaches:
- Direct delivery of medication or prescription and information to partner(s) by index (original) patients
- Pharmacy arrangements
- Field delivery of drug to partners by public health personnel
- Drug pick-up by partners from providers’ offices
- Booklet-enhanced partner referral

Bypasses, but is not a substitute for clinical evaluation and professional counseling.

Benefits of EPT
- May result in more partners treated for CT and GC
- May decrease the burden of disease in community
- May lower the chance of re-infection of index (original) patient
- Resource-efficient alternative to traditional partner services for CT/GC
- Removes barriers (time, costs, embarrassment) to treatment for partners
- Allows limited resources to be spent on higher priority diseases
Expedited Partner Therapy

Considerations to EPT
- Co-morbidity (STD, HIV, other)
- Adverse effects of drugs (allergy, toxicity)
- Potential adverse effects on antimicrobial ecology and resistance
- Legal status
- Funding sources and mechanisms: Who pays?
- Missed morbidity
- Drug delivery and packaging
- Provider education
- Difficult to evaluate

Adapted from H. Hunter Handsfield, M.D.

Expedited Partner Therapy

Resources:
- CDC
  - Review and Guidance: Expedited Partner Therapy in the Management of Sexually Transmitted Diseases

Screening

Two Types
- Passive
  - Family planning and HIV providers
  - Commercial managed care organizations
  - Non-clinical settings
- Active
  - Community-based STD Intervention
Screening

Community-based STD Intervention involves

- STD presentations for general public, CBOs, and/or special groups primarily as part of outbreak response community mobilization
- Disease/Sexual Network Analysis: When done in combination with cluster interviews this can help to target community-based screening or other activities.
- Screening / Testing of identified at-risk individuals

Potential Screening / Testing Sites:

- Neighborhood clinics / Immediate care clinics
- Non-clinical settings
  - Jails
  - Clubs
  - Bath houses
  - Parks
  - Correctional facilities
  - Case related

Key Partnerships

Advocacy
- Building community awareness of partner services

Gathering Resources
- Using partner service data to identify gaps in services

Community Involvement
- Planning
- Advising
- Focus groups
Are you using your monitoring and evaluation findings to plan for future program improvement?

Monitoring
- On-going assessment
Evaluation
- Periodic assessment

Monitoring or Evaluation?
- Timeliness of morbidity reporting
- DIS training
- Timeliness of treatment and/or linkage to care
- Timeliness of field investigations
- Timeliness of interview
- Reactor Grid
- Timeliness of case reporting
- Timeliness of diagnosis and treatment
Evaluation to Improvement

You have found:

Four partners named on recent syphilis cases were “administratively” closed by your syphilis reactor clerk last month.

Evaluation to Improvement

You have found:

Your clinic attendance for the last year has dropped 12% but Gonorrhea, Chlamydia and Syphilis morbidity has remained relatively the same.
You have found:

Your DIS staff has a contact index for Gonorrhea and Chlamydia interviews of 1.1 contacts per case. During the last 6 months, the percentage of contacts dispositioned “H” (unable to locate) has increased 20%.

You have found:

The average number of days from the date of test to the date of interview for non-STD clinic syphilis cases has increased from 3 days to 6 days in the last quarter.

You have found:

During the past quarter, your DIS staff re-interviewed 87% of the 19 early syphilis cases for the quarter but initiated only 1 contact and 1 social contact as a result of those interviews.
Evaluation to Improvement

You have found:

The percentage of Gonorrhea and Chlamydia cases reported from private providers has dropped from 72% to 62% in the last quarter.

STD Program Management

Disease Intervention Activities

Summary

- Disease intervention staff are involved with several areas of STD Surveillance.
- Key partnerships are essential to disease intervention activities.
- Effective partner services activities can greatly affect a STD Program's ability to control disease.
- The internet is playing a major role in how people are meeting their sex partners and therefore must be looked at as one means to help ensure that those at risk are notified and offered medical services.
Summary

- Programs must take into consideration how Expedited Partner Therapy can expand their efforts to control morbidity.
- Program evaluation is multi-faceted and must be done routinely in order to maintain effective programs.
- Screening continues to play a major role in STD programs' efforts to reach a variety of community settings.
- As "traditional" STD clinics change, community-based interventions become more significant and vital.