2014 AAPPS Work Plan Template: EXAMPLE ENTRY

Assurance: Partner services/outreach services and linkage to care

Required activities include:

1. Increase the provision of targeted and effective health department Disease Intervention Specialist (D)S) partner services for:
   - **a.** Primary and secondary syphilis cases.
   - **b.** HIV co-infected GC and syphilis cases.
   - **c.** GC cases with possible GC treatment failure, or suspected or probable cephalosporin-resistant *N. gonorrhoeae* isolate using the criteria in the Cephalosporin-Resistant *N. gonorrhoeae* Public Health response Plan
2. Link STD contacts newly diagnosed with HIV to HIV care.

Other suggested activities include:

3. Within state law, increase the provision of expedited partner therapy (EPT) for CT and GC according to current CDC STD Treatment Guidelines.
4. Increase the provision of effective partner services provided through social media websites and other digital or communication technologies (e.g. Internet Partner Services).
5. Link new identified HIV-infected individuals in STD clinics to HIV care.
6. Link uninsured or underinsured partners to safety net services.

Rationale: (briefly describe current capacity or epidemiology and why the activities below make sense for your program) In CY 2012, our syphilis PS activities yielded relatively poor outcomes (e.g. poor timeliness of Ix, poor disease intervention index). Over the last 3 years, an average of 54% of all early syphilis cases have been co-infected with HIV. During the same period, 92% of all early syphilis cases have been MSM. In the last 3 years, 40% (106/266) of early syphilis contacts have been identified as HIV + (new and self-reported previous) and not in care. MSM with an STD are at increased risk for HIV.

Additional context (e.g. barriers, facilitators, special factors)
Syphilis and HIV remain a priority for PS for us. Our partner services manager recently changed jobs, and a new partner services manager should be hired by 3/31/2014. This may affect our ability to reach these goals. Plan on increasing frequency of interview, pouch and field audits. EPT is not legal in our state, so #3 is not yet an option for us.

Required activity link (#)	Year 1 major activities or objectives	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	State/local performance measures (output, process, or outcome)	Data or verification sources
1a	By 12/31/2014, 80% of early syphilis cases will be interviewed within 14 days of specimen collection	Syphilis cases	Surveillance Mgr DIS	Labs Surveillance team	Proportion of early syphilis cases interviewed within 14 days of specmen collection	STD*MIS
1a	By 12/31/2014, achieve a disease intervention index of .80 for early syphilis cases	Syphilis contacts	DIS	N/A	Proportion of early syphilis cases with 1 or more partners treated (new case or epi-treated).	STD*MIS

EXAMPLE

1b, 2	By 12/31/2014, develop and implement a tracking system for HIV care referrals with key HIV care providers	HIV Care providers	STD Program Manager	HIV Care Providers Program IT staff	N/A	MOUs with select HIV care providers Internal protocols
2	By 12/31/2014, 80% of initiated contacts to early syphilis will be tested for HIV.	All syphilis contacts	DIS	N/A	Proportion of initiated contacts to early syphilis who were tested for HIV.	STD*MIS
2	By 12/31/2014, 80% of early syphilis contacts who test HIV + will be referred to HIV care within 30 days of diagnosis	HIV + syphilis contacts	DIS	HIV Care Providers	Proportion of early syphilis contacts who test HIV + and are referred to HIV care within 30 days of diagnosis	STD*MIS
2	By 12/31/2014, 80% of HIV+ syphilis contacts referred to care will attend their first HIV care assessment appointment	HIV+ syphilis contacts	DIS	HIV Care Providers	Proportion of HIV+ syphilis contacts referred to care who attend their first HIV care assessment appointment	STD*MIS
4	By 6/30/2014, revise the state's internet partner services' protocol to reflect current internet usage patterns and capacity.	STD program staff	Partner services manager	HIV program staff, STD program staff, field staff	N/A	Protocol approved by Commissioner
5	By 12/31/2014, 80% of all new HIV+ clients identified in STD clinics will be referred to HIV care within 30 days of diagnosis	HIV+ clients diagnosed in STD clinics	DIS	HIV Care Providers	Proportion of STD clinic clients who test HIV + and are referred to HIV care within 30 days of diagnosis	STD*MIS
5	By 12/31/2014, 80% of HIV+ STD clinic clients referred to care will attend their first HIV care assessment appointment	HIV+ clients diagnosed in STD clinics	DIS	HIV Care Providers	Proportion of HIV+ STD clinic clients referred to care who attend their first HIV care assessment appointment	STD*MIS
6	By 9/30/2014, educate all field staff in the state's health reform changes (e.g., Medicaid eligibility and enrollment) so that they can promote and facilitate insurance enrollment among partners	STD and HIV field staff	Health department policy lead	State Medicaid office, Health Insurance Exchange office	# of field staff educated about state health reform # of field staff who can correctly describe enrollment procedures and resources	Training log Training pre-/post test

Plans for years 2-5: (Briefly describe plans for this program strategy area for years 2-5 of the project period)

- Continue to focus efforts around all early syphilis. We plan to evaluate our reactor grid again in year 2.
- Pilot some partner services for GC cases among young women in 4 high morbidity counties.
- Revamp the behavioral counseling that our DIS provide to HIV co-infected patients to see if we can have more impact on linkage/retention in care and partner indices.

EXAMPLE