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
STIs are on the Rise in the United States

The State of STDs in the United States in 2018

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

Kidd SE et al., MMWR 2019
# Missed Opportunities to Prevent Congenital Syphilis (CS)

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

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

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

CDC, 2017 National Case Report Data, 2018
National Strategies Informing STD Priorities

- IOM Report on Women’s Preventive Services 2011
- National Strategy on Combating Antibiotic Resistant Bacteria 2014
- NAPA Report Part 1 - 12/13/2018
  Part 2 - 11/19/2019
- Healthy People 2020 & 2030
- STI Federal Action Plan - pending release 2020
- National Prevention Strategy 2011
- Ending the HIV Epidemic Initiative 2019
- 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
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**

<table>
<thead>
<tr>
<th>Should be available</th>
<th>Could be available</th>
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<tr>
<td>- Strong recommendation</td>
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<tr>
<td>- Implies that all or almost all informed providers would choose the recommended course of action</td>
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<tr>
<td>- Weaker recommendation</td>
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<tr>
<td>- Indicates that most informed providers would choose the recommended course of action, but some would not</td>
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</table>
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?

<table>
<thead>
<tr>
<th>Quality STD Clinical Services (STD QCS)</th>
<th>STI Treatment Guidelines</th>
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<tbody>
<tr>
<td>Roadmap for providing optimal clinical care services</td>
<td>Roadmap for managing people with or at risk for infection</td>
</tr>
<tr>
<td>Focuses on providing guidance related to assessment and evaluation by clinical setting</td>
<td>Focuses on assessment and evaluation of people with or at risk for infection</td>
</tr>
<tr>
<td>Outlines prevention services to have available by clinical setting</td>
<td>Provides guidance on recommended strategies for STI prevention</td>
</tr>
<tr>
<td>Identifies laboratory tests to have available by clinical setting</td>
<td>Indicates laboratory tests that are used for diagnosing people with infection</td>
</tr>
<tr>
<td>Highlights treatments to have available by clinical setting</td>
<td>Outlines STI treatment recommendations</td>
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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.
Sexual History and Physical Examination

Primary Care and STD Specialty Settings

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<td></td>
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<td></td>
<td>STD care service for patients with abnormal anal Pap smears.</td>
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# Sexual History and Physical Examination

## Primary Care and STD Specialty Settings

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| | A high resolution anoscopy *could be* available as a specialized STD care service for patients with abnormal anal Pap smears. |
Prevention and Partner Services
### 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)

<table>
<thead>
<tr>
<th>Primary Care Settings</th>
<th>STD Specialty Care Settings</th>
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<tbody>
<tr>
<td>- The following partner services <em>could be</em> available as a basic STD service:</td>
<td></td>
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<tr>
<td>- Interactive counseling for partner notification</td>
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<td></td>
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<tr>
<td>- Interactive counseling for partner notification</td>
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<tr>
<td>- Health Department Disease Intervention Specialist partner elicitation and follow-up</td>
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</tbody>
</table>
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.
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

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<td>The following tests <em>should be</em> available through a clinical laboratory as a specialized STD service:</td>
</tr>
<tr>
<td>- Gram stain or Methylene Blue or Gentian Violet stain for urethritis</td>
<td>- Gonorrhea culture</td>
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<tr>
<td>- Gonorrhea culture</td>
<td>- Gonorrhea antimicrobial susceptibility testing</td>
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<tr>
<td>- Gonorrhea antimicrobial susceptibility testing</td>
<td>- NAAT for trichomonas</td>
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<td>- NAAT for trichomonas</td>
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Treatments
# Treatments for STDs or Related Conditions – Onsite

<table>
<thead>
<tr>
<th>Primary Care Settings</th>
<th>STD Specialty Care Settings</th>
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</table>
| ▪ 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 | ▪ Treatments for the following STDs or related conditions *should be* available onsite as a specialized STD service:  
  ▪ 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
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

1. Develop Tools and Resources for Implementation
2. Pilot Tools in STD Specialty Clinics
3. Webinar to Launch User Package
4. Continuing Education Activities
Additional Resources
STD Resources

CDC: cdc.gov/std/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.STDCCCN.org

Denver Public Health

University of Washington

University of California, San Francisco

University of Washington

Denver Public Health

Massachusetts Department of Public Health

University of Alabama at Birmingham

Johns Hopkins University

Washington University in St. Louis

University of Alabama at Birmingham

Offering STD treatment resources
Just Health® Sexual History App

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

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

More communication. Less stigma.

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

• Partners
• Prevention of Pregnancy
• Protection from STDs
• Practices
• Past History of STDs

www.justhealth.org

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

www.NNPTC.org
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.