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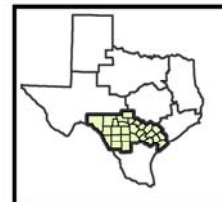
The Role of Disease  
Intervention Specialists  
in Expanding  
Extragenital Testing in  
Non-Clinical Settings in  
Rural South-Central  
Texas

Lalamariam J. Sambou  
Anna Tran

Texas DSHS Public Health Region 8 24/7 Reporting Line: 210-949-2121

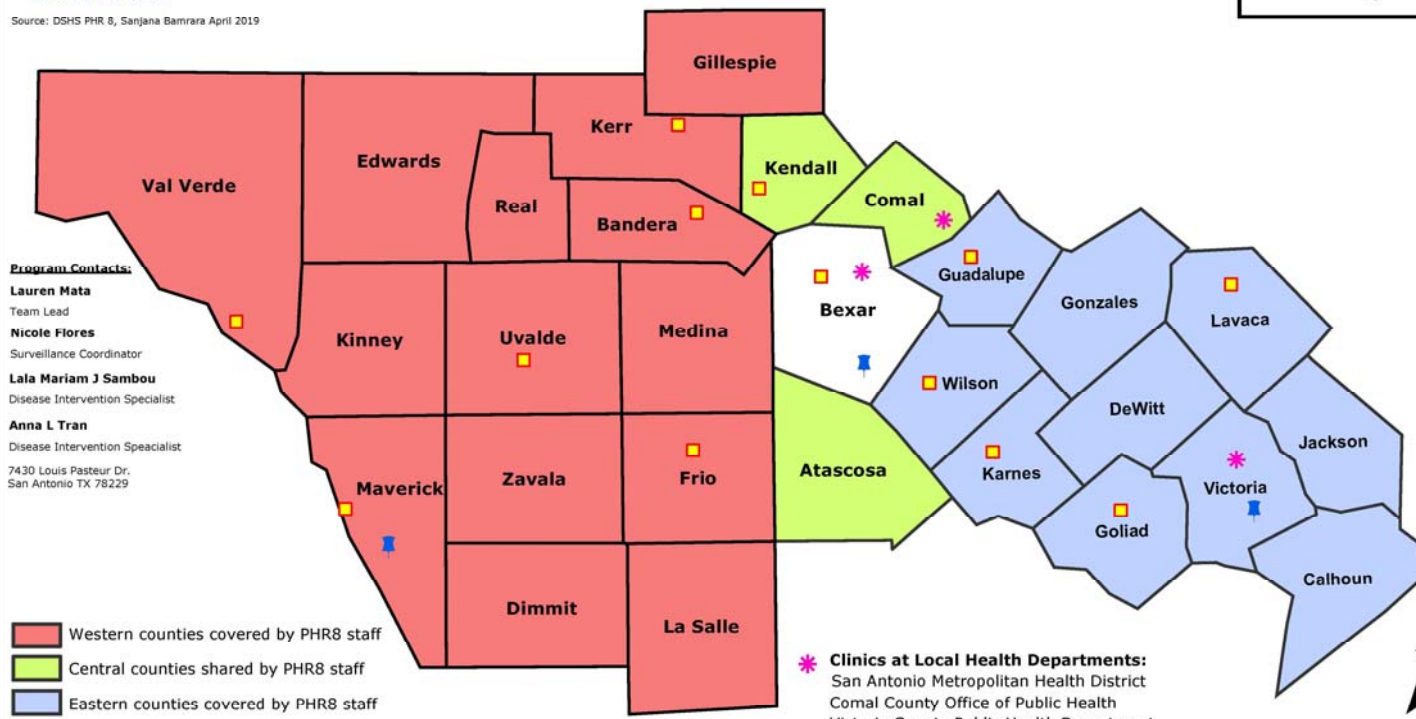


### TEXAS DSHS PUBLIC HEALTH REGION 8 HIV/STD PROGRAM COVERAGE



Texas Department of State  
Health Services

Source: DSHS PHR 8, Sanjana Bamrara April 2019



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- Western counties covered by PHR8 staff
- Central counties shared by PHR8 staff
- Eastern counties covered by PHR8 staff
- Bexar - San Antonio Metro Health
- Region 8 Offices
- Ryan White Programs
- HIV/STD Treatment & Testing done by LHD (Comal LHD tests and treats for Chlamydia & Gonorrhea only)

**Clinics at Local Health Departments:**  
San Antonio Metropolitan Health District  
Comal County Office of Public Health  
Victoria County Public Health Department





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# Chlamydia & Gonorrhea

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- Chlamydia and gonorrhea are both bacterial STIs
- Spread through **vaginal, anal and/or oral sex**
- Infected individuals may be symptomatic or asymptomatic
- Both are treatable



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# Possible Complications

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- Women:
  - Pelvic inflammatory disease
  - Infertility
  - Miscarriage
- Infants born to infected mothers:
  - Eye infections that can lead to blindness
- Men:
  - Severe pain in the penis and testicles
  - Sterility



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Centers for Disease Control and Prevention

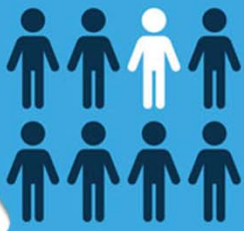
# MMWR | MSM\* & STDs: TEST MORE THAN GENITALS

## STDs IN THE THROAT AND RECTUM

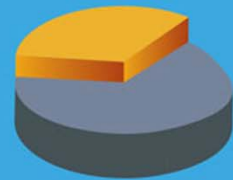
- **MSM AT HIGH RISK**
- **OFTEN NO SYMPTOMS**
- **DETECT BY SCREENING**
- **INCREASES HIV RISK**



## OF MSM SCREENED FOR CHLAMYDIA & GONORRHEA\*\*:



**1 IN 8**  
HAD AN STD  
IN THROAT  
OR RECTUM



**1/3 NOT**  
**SCREENED**  
**IN LAST 12**  
**MONTHS**

## SCREEN SEXUALLY ACTIVE MSM FOR STDs!

- **AT LEAST 1X/YEAR**
- **HIGHER RISK? EVERY 3-6 MONTHS**
- **IF INDICATED, TEST THROAT & RECTUM**



Data from National HIV Behavioral Surveillance (NHBS) as published in Johnson Jones et. al. MMWR 2019.

\* Men who have sex with men

\*\* MSM recruited from social venues in 5 cities provided data and self-collected swabs

[bit.ly/CDCVA24](http://bit.ly/CDCVA24)

CS 292376-T

WWW.CDC.GOV



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# Extragenital Testing

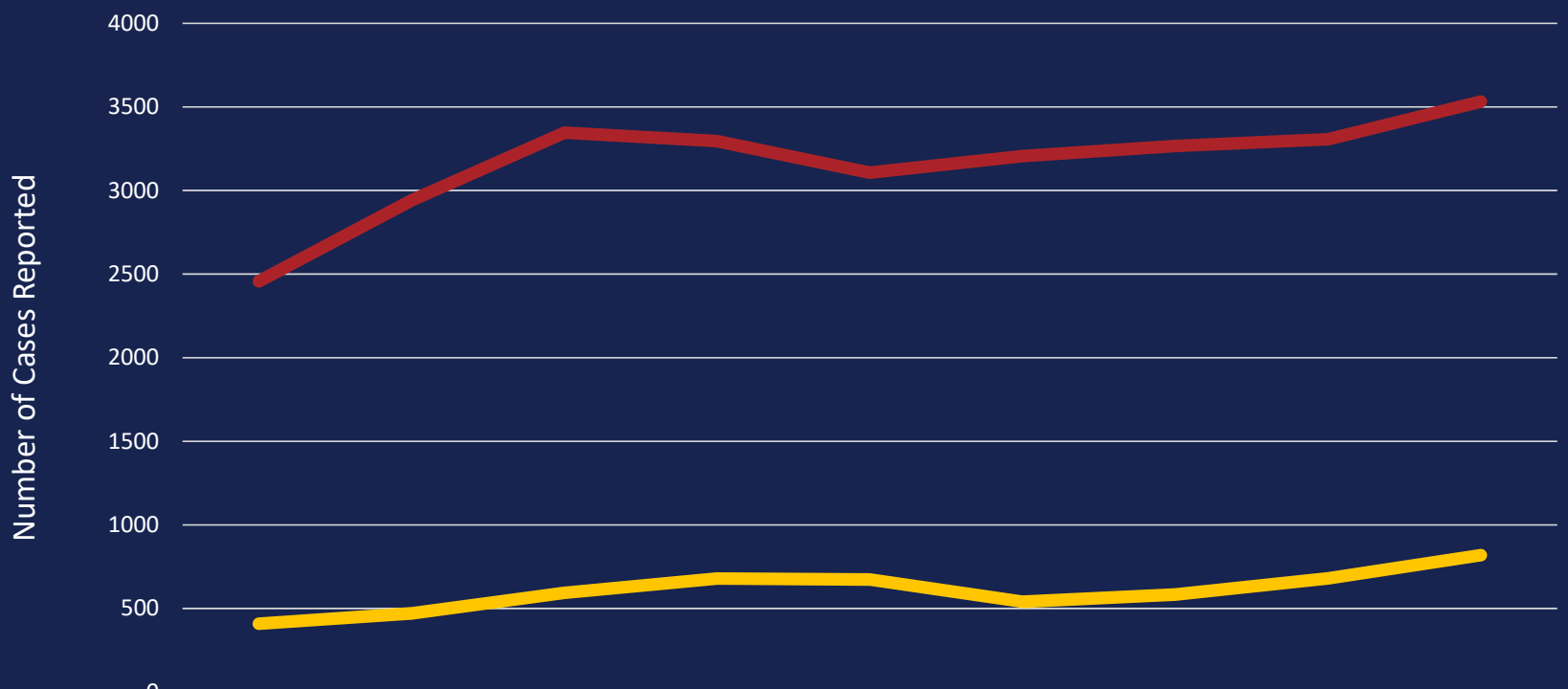
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- Consists of oral and rectal specimens
- Extragenital testing has not been widely utilized by public health departments
  - 22 of 162 local health organizations in Texas
- Patients encounter barriers to testing and treatment
- DIS offer testing in non-clinical settings (ex: parks, homes, gas stations, etc.)
  - Allows for detection at first encounter with DIS



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## Reported Cases of Chlamydia and Gonorrhea in PHR 8



	2010	2011	2012	2013	2014	2015	2016	2017	2018
<span style="color: red;">—</span> Chlamydia	2457	2942	3346	3295	3107	3206	3266	3306	3532
<span style="color: yellow;">—</span> Gonorrhea	409	471	594	679	673	541	584	680	819

Year



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# Practices in Public Health Region 8

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- November 2017: Acquired capability to conduct extragenital testing
- 2017-2018: Nursing staff performed testing in field offices
- January 2019: DIS began offering tests in the field

**DIS empower individuals to be open and honest during assessments to ensure appropriate testing based on sites of exposure.**



**Preliminary Medical Assessment for STD Testing and Treatment  
Texas Department of State Health Services, Health Service Region 8**

**Client Information** Date of visit: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are you allergic to any medications?  No  Yes What? \_\_\_\_\_ What was the reaction? \_\_\_\_\_

Are you pregnant?  No  Yes (number of weeks: \_\_\_\_\_) Date of Last Menstrual Period: \_\_\_\_\_

Are you currently taking any medications at this moment?  No  Yes, what? \_\_\_\_\_

**Why did you come to clinic today?**

STD Screening / Testing

HIV testing/screening

My partner was treated for an infection

    Name of Infection: \_\_\_\_\_

I have a problem/infection

Other \_\_\_\_\_

**Are you having any of the symptoms listed below?**

\_\_\_\_\_ Discharge (vagina / penis / rectum)

\_\_\_\_\_ Sores / Rash / Bumps (Refer for exam)

\_\_\_\_\_ Pain / Fever / Bleeding

\_\_\_\_\_ Abdominal Pain, Fever, Scrotal Pain, N/V  
(Test/refer to ED)

**Risk Assessment**

**NO YES In the past 90 days, have you:**

Picked up someone you did not know to have sex with them?

Met someone for sex whom you met on line?

Accepted money or drugs for sex?

Given money or drugs for sex?

Had sex with prostitutes?

Used drugs like crack cocaine, crystal meth, or other IV drugs?

Had more than 1 sex partner?

Been told that one of your sex partners has syphilis?

**FOR MEN ONLY**

**In the past 90 days, have you:**

Had sex with other men

Had sex in a public place like a bath house, book store, or park?

How often do you use condoms or other barriers:

Always  Sometimes  Never

**STD History:**

Have you ever had an STD?  No  Yes, which one? \_\_\_\_\_

When? \_\_\_\_\_

Who provided the treatment? \_\_\_\_\_

What treatment did you receive? \_\_\_\_\_

Prior HIV test date: \_\_\_\_\_

Positive  Negative  Unknown

**Notes / Treatment(s)/ RAPID Tests conducted and LOT#'s**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LAB TESTS CONDUCTED:		FIELD BLOOD #:		
Date	Test	Results		
	RPR	_____ Negative	_____ Positive	_____ Indeterminate
	HIV	_____ Negative	_____ Positive	_____ Indeterminate
	CHLAMYDIA	_____ Negative	_____ Positive	_____ Indeterminate
	GONORRHEA	_____ Negative	_____ Positive	_____ Indeterminate

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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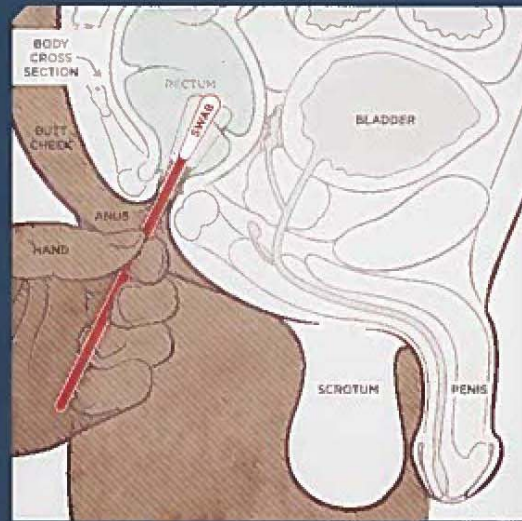
# Rectal Swab Self-Collection



UNIVERSITY OF WASHINGTON  
STD Prevention  
Training Center

## TEST YOURSELF

The Visual Guide for a  
Self-collected Rectal Swab



1 Wash your hands with soap and water.



2 Remove the transport tube and collection swab from packaging.



3 Label the transport tube with your **Patient label**.



4 Label the transport tube with the **Rectal label**.



5 Open the package containing the collection swab.



6 Firmly hold the collection swab above the dashed line (closer to the swab tip).

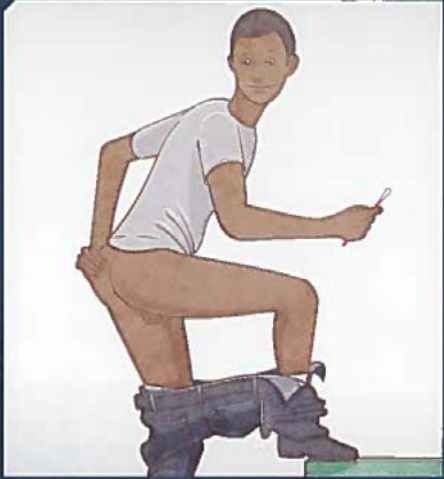


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# Rectal Swab Self-Collection




7 Get into a comfortable position that allows you access to your anus. Putting your foot on the step stool may help.




8 Gently insert the swab 1 inch into the rectum and twirl the swab in a circle at least 5 times. to the swab tip).




9 Unscrew the cap from the transport tube.




10 Place the collection swab into the transport tube, snapping it at dashed line.



11 Put the cap back on the transport tube and twist it closed to prevent leaks.



12 Put the transport tube into the biohazard bag.



13 Wash your hands with soap and water. 20 SEC.

Illustrations and design layout by Cognition Studio, Inc. in Seattle, WA. © 2017, Cognition Studio, Inc. All rights reserved.





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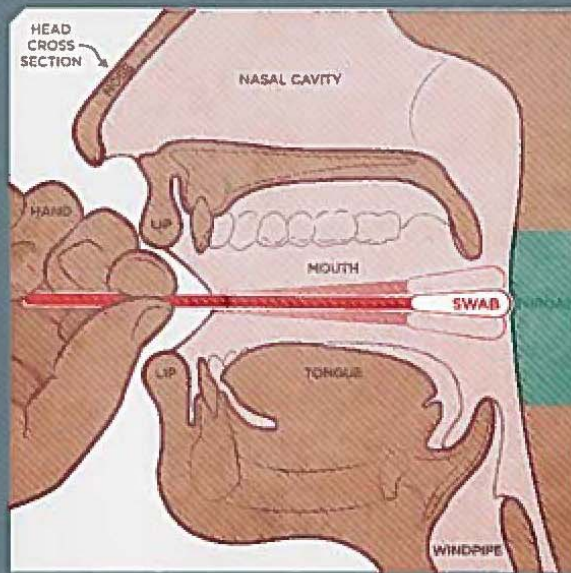
Health and Human Services

Texas Department of State Health Services

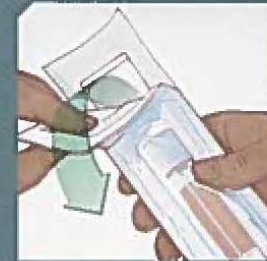
# Throat Swab Self-Collection

## TEST YOURSELF

The Visual Guide for a Self-collected Throat Swab



1 Wash your hands with soap and water.



2 Remove the transport tube and collection swab from packaging.



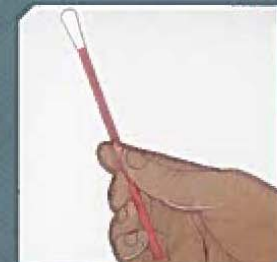
3 Label the transport tube with your Patient label.



4 Label the transport tube with the Throat label.



5 Open the package containing the collection swab.



6 Hold the collection swab far enough from the tip.

Images obtained from



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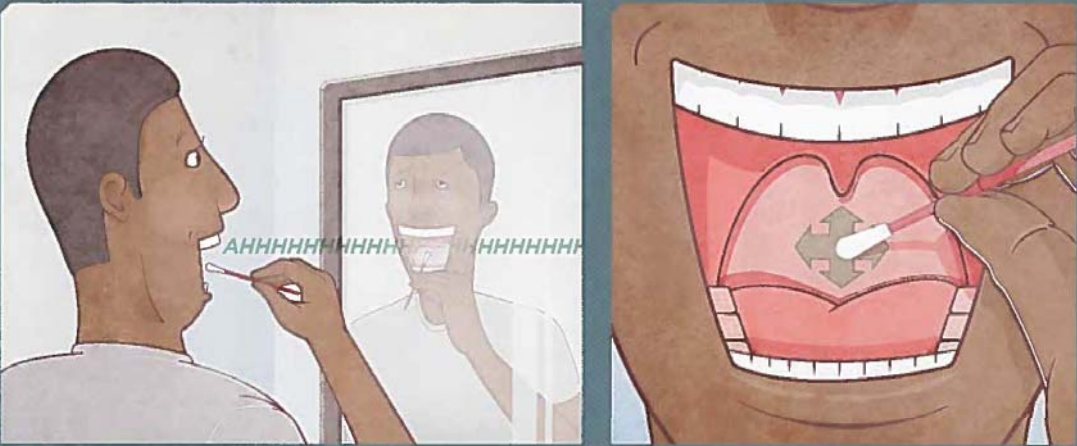


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# Throat Swab Self-Collection



7 Say AHH... and reach the collection swab into your mouth to gently touch your throat.

8 Gently rub the swab tip on your throat side to side, up and down at least 5 times.

9 Unscrew the cap from the transport tube.

10 Place the collection swab into the transport tube, snapping it at dashed line.

11 Put the cap back on the transport tube and twist it closed to prevent leaks.

12 Put the transport tube into the biohazard bag.

13 Wash your hands with soap and water.

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# When a test is positive:

---

1. Treatment is provided at a field office by a clinician
2. DIS can provide oral treatment for chlamydia
3. A nurse accompanies DIS during a field visit to provide injectable treatment for gonorrhea

# Specimens Collected in PHR 8 – Jan to Sept '19



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Specimen Source	Male		Female		Total
	Clinician	DIS	Clinician	DIS	
Urine	133	46	56	17	252
Vaginal	N/A	N/A	83	15	98
Throat	68	30	74	14	186
Rectal	15	14	15	4	48
<b>Total</b>	<b>216</b>	<b>90</b>	<b>228</b>	<b>50</b>	<b>584</b>



# Positive Chlamydia – Jan to Sept '19

Specimen Source	Male		Female		Total
	Clinician	DIS	Clinician	DIS	
Urine only	12	5	0	0	17
Urine and Vaginal	N/A	N/A	2	0	2
Vaginal only	N/A	N/A	7	2	9
Throat only	1	1	2	0	4
Rectal only	1	2	1	0	4
Rectal and Urine	1	0	0	0	1
Vaginal and throat	N/A	N/A	1	0	1
<b>Total</b>	<b>15</b>	<b>8</b>	<b>13</b>	<b>2</b>	<b>38</b>





# Positive Gonorrhea – Jan to Sept '19

Specimen Source	Male		Female		Total
	Clinician	DIS	Clinician	DIS	
Urine only	2	0	0	0	2
Vaginal only	N/A	N/A	1	1	2
Throat only	2	3	0	0	5
Rectal only	2	2	0	0	4
Urine and Throat	1	0	0	0	1
Urine and Rectal	0	0	1	0	1
Urine, Vaginal and Throat	N/A	N/A	1	0	1
<b>Total</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>16</b>



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# Conclusion

- Without extragenital testing the following would have been missed in men:
  - 5 of the 23 or 21% of chlamydia infections
  - 9 of the 12 or 75% of gonorrhea infections
- Extragenital field testing
  - offers more opportunity to identify infections
  - allows underserved populations accessibility to testing and treatment
  - empowers patients in becoming aware of exposure site identification



# Acknowledgments



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- DSHS PHR 8 Clinicians
- Miguel Cervantes – Program Mgr.
- Lauren Mata – Team Lead / FLS
- Nicole Flores – Surveillance Coord.
- Lalamariam Sambou - DIS
- Anna Tran – DIS
- San Antonio Metro Health Lab





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# Thank You!

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**DSHS Region 8**

**210-949-2000**

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**STD  
ENGAGE**

DC CAPITOL AREA ★ ★ ★ 2019

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**National Coalition  
of STD Directors**

Impact of Integrating  
Undetectable = Untransmittable  
into HIV / Gonorrhea  
Partner Services

Presenter: Arielle Juberg, MPH

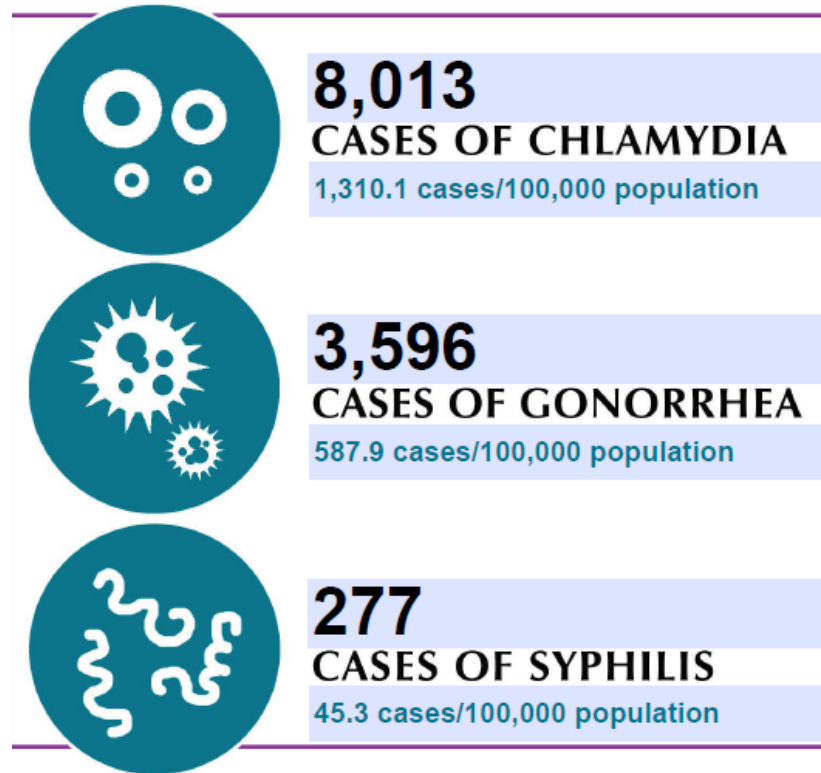
Authors: Arielle Juberg, MPH

Brandon Blouse, MPH

LaNisha Childs, MA

Adena Greenbaum, MD, MPH

# STDs in Baltimore (2018)



Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370.



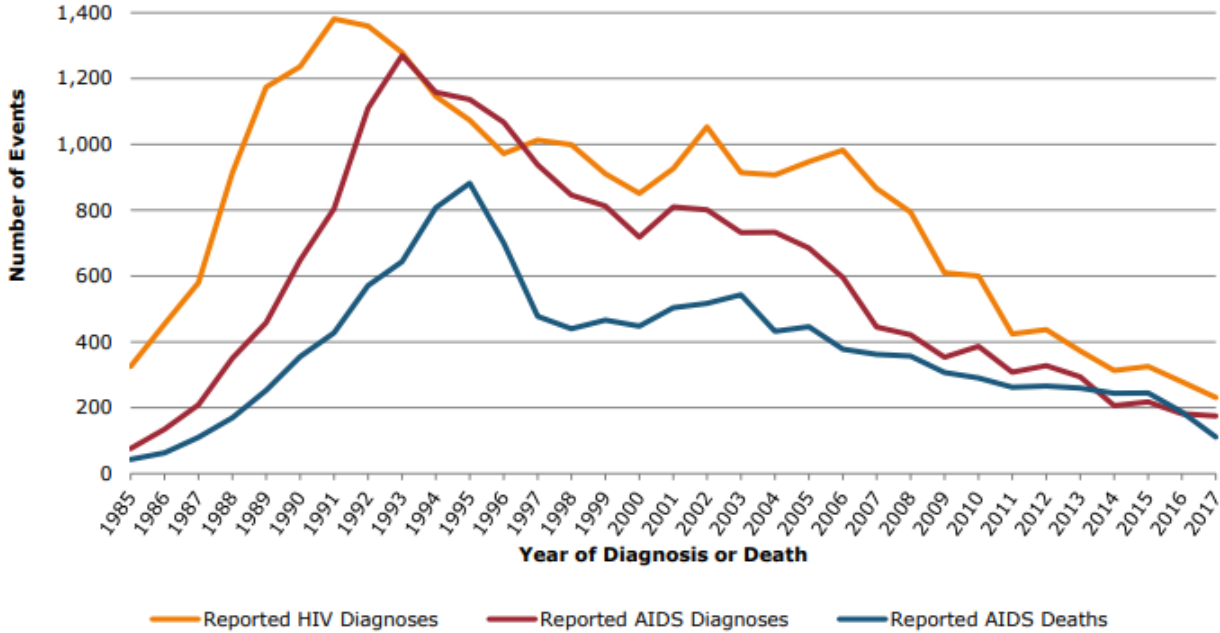
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Commissioner of Health, Baltimore City



# HIV in Baltimore

**Figure 1 – Trends in Reported HIV and AIDS Diagnoses and Deaths, among Residents at Diagnosis, 1985-2017, Reported through June 30, 2018**

Reported HIV Cases with or without an AIDS Diagnosis (Reported HIV Diagnoses) by Year of HIV Diagnosis, Reported HIV Cases with an AIDS Diagnosis (Reported AIDS Diagnoses) by Year of AIDS Diagnosis, and Reported HIV Cases with an AIDS Diagnosis Reported to have Died of Any Cause (Reported AIDS Deaths) by Year of Death, from 1985 through 2017 as Reported through June 30, 2018



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 Commissioner of Health, Baltimore City

Source: Baltimore City Annual HIV Epidemiological Profile 2017.  
 Center for HIV Surveillance, Epidemiology and Evaluation,  
 Maryland Department of Health, Baltimore, MD. 2018.



# HIV/STD Prevention Program



## Baltimore City Health Department HIV Care Linkage Program



**Are you or someone you know in need of HIV Primary Medical Care and Case Management services?**

HIV is **NOT** a death sentence; care management can prolong your life and improve your health. Take charge of your life, get life saving treatments.

The Baltimore City Health Department, HIV Care Linkage Team can help



Berna Mayo  
Letitia Dzirasa, M.D.  
Commissioner of Health, Baltimore City

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# HIV/Gonorrhea Partner Services Policy

## Original Policy

Partner services offered if:

- Previously HIV positive individual *with*
- New GC diagnosis *and*
- **Diagnosed at BCHD sexual health clinic**

## Revised Policy

Partner services offered if:

- Previously HIV positive individual *with*
- New GC diagnosis *and*
- **Not virally suppressed (>200 copies/mL) OR no viral load within 6 months of GC test**

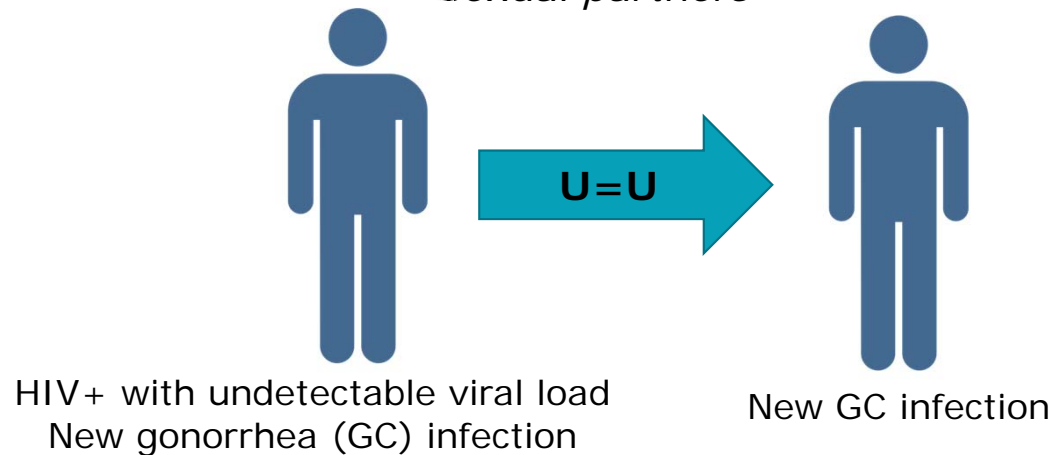


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# Undetectable = Untransmittable

*“When a person living with HIV is on effective treatment, it will reduce the level of HIV to “undetectable” levels which protects their health and makes them incapable of transmitting HIV to their sexual partners”*



Source: Prevention Access Campaign



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# Evaluation

What is the impact on  
DIS workload and outcomes when  
Undetectable = Untransmittable  
is integrated into HIV/GC partner services?



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# Methods

## Quantitative

- Compare interviews from revised policy (April–Oct 2018) with interviews from original policy (April–Oct 2017)
- Identify cases that were excluded under revised policy (April–Oct 2018)
- Analyze interview outcomes and DIS workload

## Qualitative

- Conduct interviews with DIS, a DIS supervisor, and surveillance coordinator in January 2019



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**Table 1: Partner Services Outcomes for HIV/GC Interviews, Baltimore City**

	HIV/GC Interviews <b>Original Policy</b> April 1-Oct 1, 2017	HIV/GC Interviews <b>Revised Policy</b> April 1-Oct 1, 2018	Ineligible HIV/GC Cases Revised Policy April 1-Oct 1, 2018
Cases	23	33	77
Cases interviewed	20 (87%)	24 (73%)	0



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Cases	23	33	77
Cases interviewed	20 (87%)	24 (73%)	0
Partners identified	14	6	
Associates identified	1	2	



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Cases	23	33	77
Cases interviewed	20 (87%)	24 (73%)	0
Partners identified	14	6	
Associates identified	1	2	
Notified of exposure	5	2	
Previous HIV positive	9	6	
New HIV diagnosis	1	0	



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Mayor, Bal  
Letitia Dzh  
Commissio

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# Interviews with DIS Team

## Interview fatigue

*They have insight to know what's expected - know how the system worked - based on HIV infection*

## HIV care

*DIS assessing for in-care status, that's better than partners*

## Meeting people where they are

*Show them they are of importance. They matter*



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# Interviews with DIS Team

## Referrals to DIS

*But partner services - that piece has to be a warm handoff.  
Starts from moment person comes to desk to clinician to  
support staff to DIS*

## Time required to process records

## Mixed feeling about HIV/GC interviews

*Another thing to do. What takes precedence?  
HIV and gonorrhea-canary in the mine*



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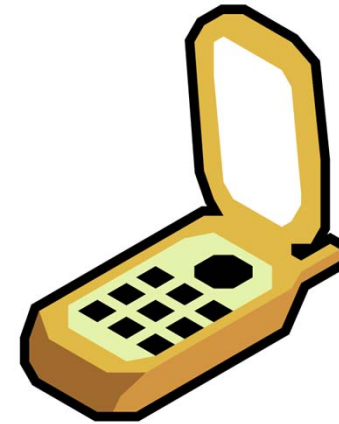
# Discussion



DIS workload



HIV  
diagnoses  
among  
partners



Time and  
place of  
interview



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# Discussion

1. How can DIS approach interview fatigue?
2. How can we integrate U=U into partner services policy?
3. What is the health department response to detectable HIV viral loads?



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Baltimore City Health Department



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**Thank you for your time!**  
**Questions?**



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**150 YEARS**  
OF ADVANCING  
**PUBLIC**  
**HEALTH**

Massachusetts Department of Public Health

# EXPANDING THE ROLE OF DIS IN MASSACHUSETTS

Kathleen Roosevelt  
Director, Division of STD Prevention  
Bureau of Infectious Disease and Laboratory Sciences

# Overview

**Background:** Over the past five years, the role of DIS in Massachusetts has significantly changed. Elements of this shift include embedding in a newly procured service system, migration to a new case management system, the new title of field epidemiologist, new follow-up procedures and doubling of field staff.

## **Field Expansion Topics:**

- The HIV surveillance and prevention framework in Massachusetts
- Re-defining the DIS role
- Responding to HIV clusters and outbreaks
- Implementing routine HIV field follow-up

# Health Department Follow-up Varies

- Priority Infections receive follow-up from health departments for:
  - Partner services
  - Verifying treatment and linkage to care
  - Providing technical assistance around CDC clinical recommendations
- Health departments vary by state/jurisdiction
- Follow-up in MA:
  - Pregnant women with syphilis/ acute HIV / ceftriaxone resistant GC = highest priority
  - Primary and secondary syphilis and routine new HIV cases
  - Out of care PLWHA (limited to certain sites/ providers for automatic follow-up)
  - Provider requests for untreated GC/CT in pregnant patients



# HIV Field Follow-up in Massachusetts

- **Definition of Contact Tracing:** The identification and follow-up of persons who may have come into contact with an infected person during a specified time period.
- **Very resource intensive:**
  - Contact original patient (assist with treatment if needed)
  - Work with original patient to identify any exposed individuals
  - Tracking down exposed individuals
  - Getting identified individuals screened and treated (if needed)
  - Do the whole process again if contacts turn out to be infected
- **Principles of Partner Services in MA:**
  - Voluntary
  - Confidential
  - Client Centered
  - Standard Public Health Practice for Infectious Disease Control

# Massachusetts HIV Prevention Framework

- **Office of HIV / AIDS** is a Division of the BIDLS that oversees HIV prevention efforts including expanding comprehensive health promotion for PWID and oversight of the contracted service system that provides testing, linkage and care across MA
- HIV Surveillance is housed within the **Division of STD Prevention**
- Field Epidemiologists (formerly DIS) are housed within the **Division of STD Prevention**

# From DIS to Field Epidemiologist

## Changing the terminology and the role:

- From 8 DIS in 2016 to 18 Field Epidemiologists in 2019
- DIS were employed under several official job grades
- Field Epidemiologists are all categorized as Epidemiologist I
  - Pros and cons:
    - Increased starting salary
    - Recruitment improved
    - Requirements for entry-level experience and education increased
- Efforts to improve visibility and inclusiveness to reflect populations served
  - Spanish language coverage across state, at least 3 other languages represented

# HIV Field Follow-up History in Massachusetts

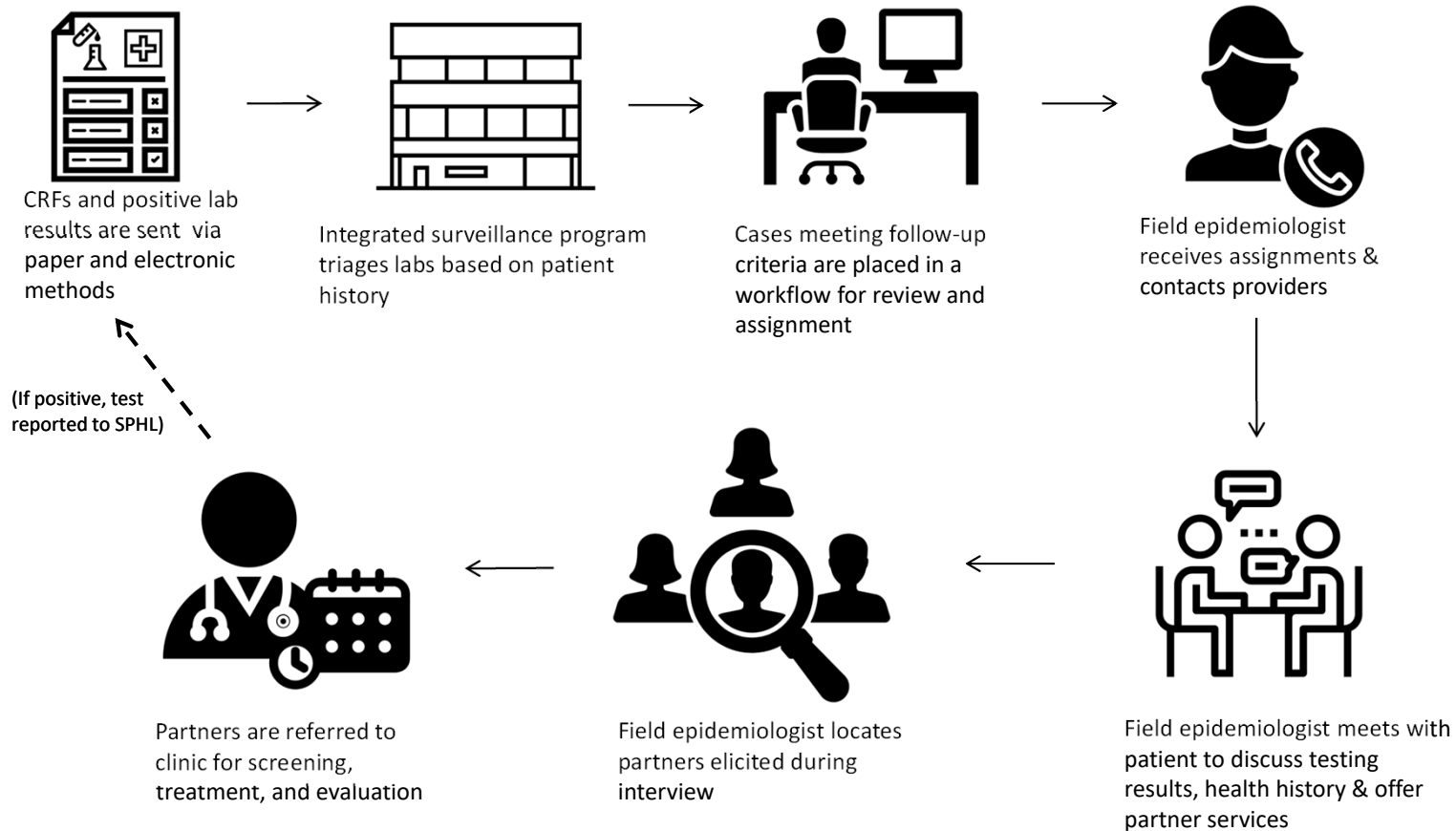
## Identifying challenges and addressing them – public health:

- Integrating surveillance and case management systems
  - HIV data migrated into the BIDLS MAVEN integrated system in 2018
  - Streamlining data workflows
  - Improving cross-jurisdictional communication and deduplication

## Identifying challenges and addressing them - clinical:

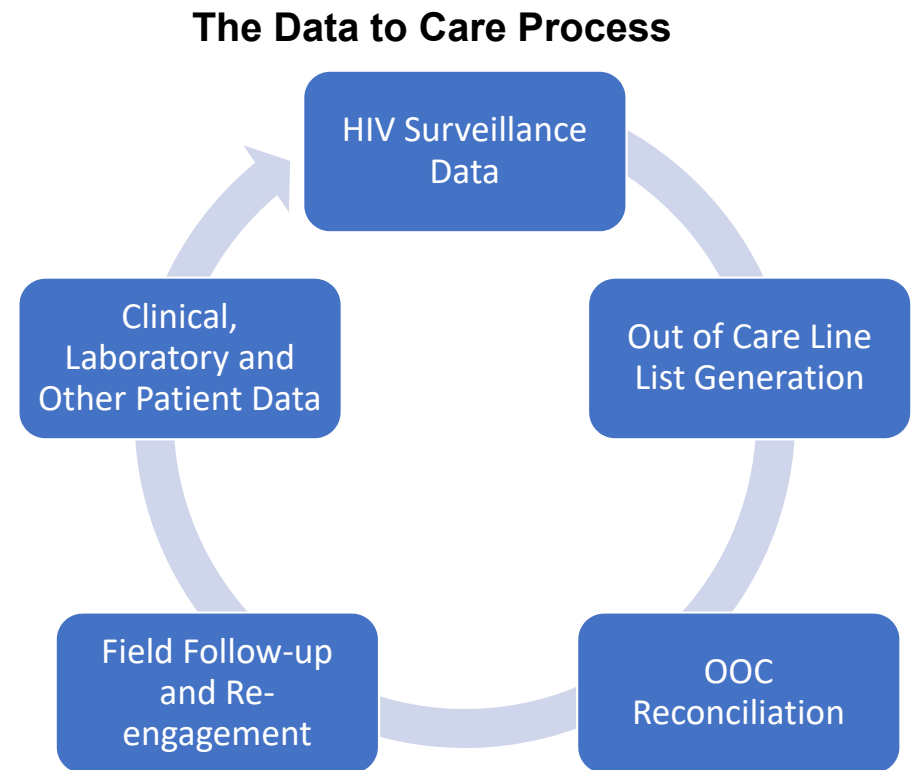
- Clinical provider “buy-in” essential
  - Site visits
  - Collaboration
  - Ongoing effort
- Appropriate Introduction of the service is key to success
  - At the time of testing: “if you test positive for HIV or syphilis a member of our public health team may contact you to discuss the test results and how to get your partners tested.”

# Field Follow-up Process in Massachusetts



# Expanding HIV Field Follow-up

- Data to care work
  - Projects working with specified sites to identify out-of-care patients
  - Line list generation
  - Field response
- Acute HIV response based on laboratory data
- Response for PWID
  - Using HCV as a proxy for prioritizing follow-up



# Cluster Investigation Timeline

**2015: data to care projects, acute HIV f/u, provider request**

**August 2016: First Community Stakeholder Engagement**

**November 2017: Clinical Advisory and began routine field follow-up on cases with IDU risk**

**April 2018: CDC Epi-aid**

**January 2019: routine HIV field follow-up**

**August 2016: Field Epi & Provider Alert**

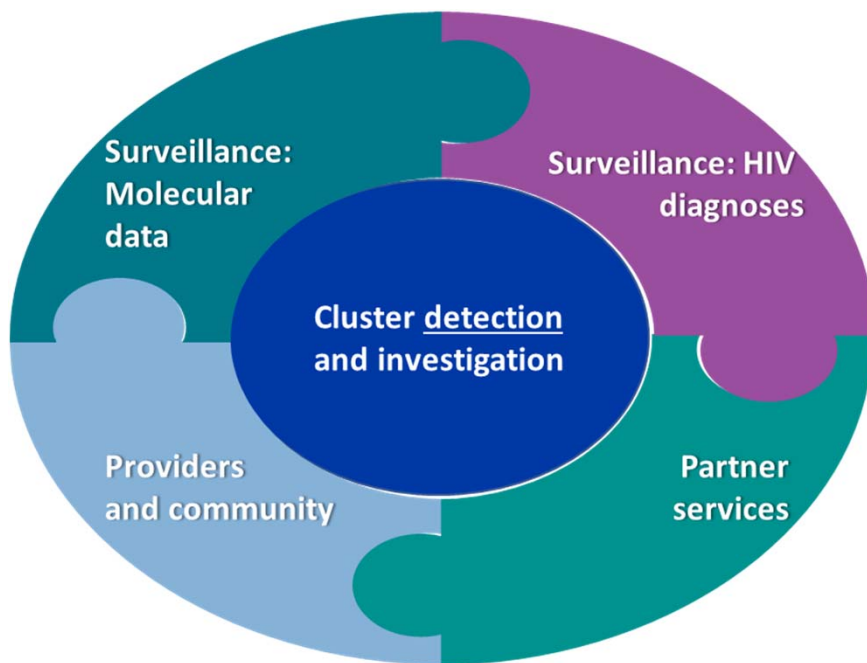
**May 2017: first samples to CDC for sequencing**

**December 2017: Routine Molecular Surveillance initiated**

**August 2018: Field Expansion & Ongoing analysis & investigations**

# Molecular HIV Epidemiology in Massachusetts

## Molecular epi as a tool for cluster detection



- A transmission cluster can't always be detected as an increase in diagnoses
  - If it's not localized to a certain area
  - If it's occurring in an area with a lot of diagnoses, making it hard to detect the increase
- Molecular analysis can help by detecting groups of people with similar sequences
- In the United States, HIV drug resistance testing is recommended for all persons with HIV
  - Generates HIV nucleotide sequence data (i.e., molecular data)

Source: CDC

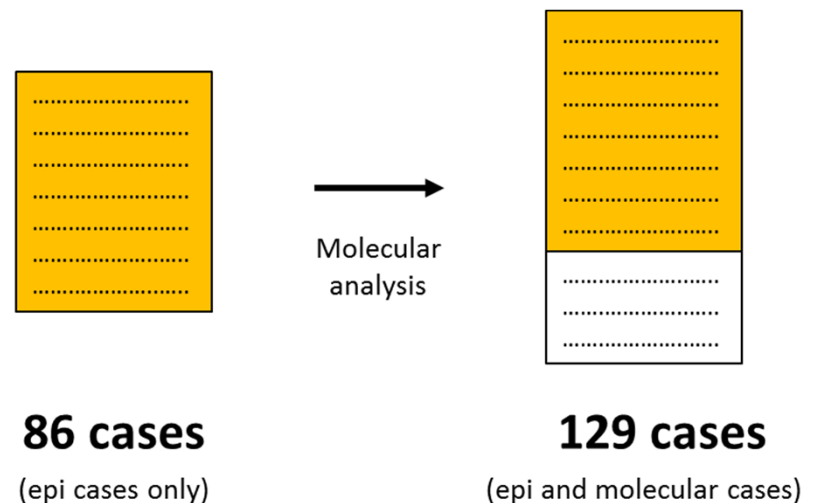


# Cluster / Outbreak Follow-up

## Case Definition

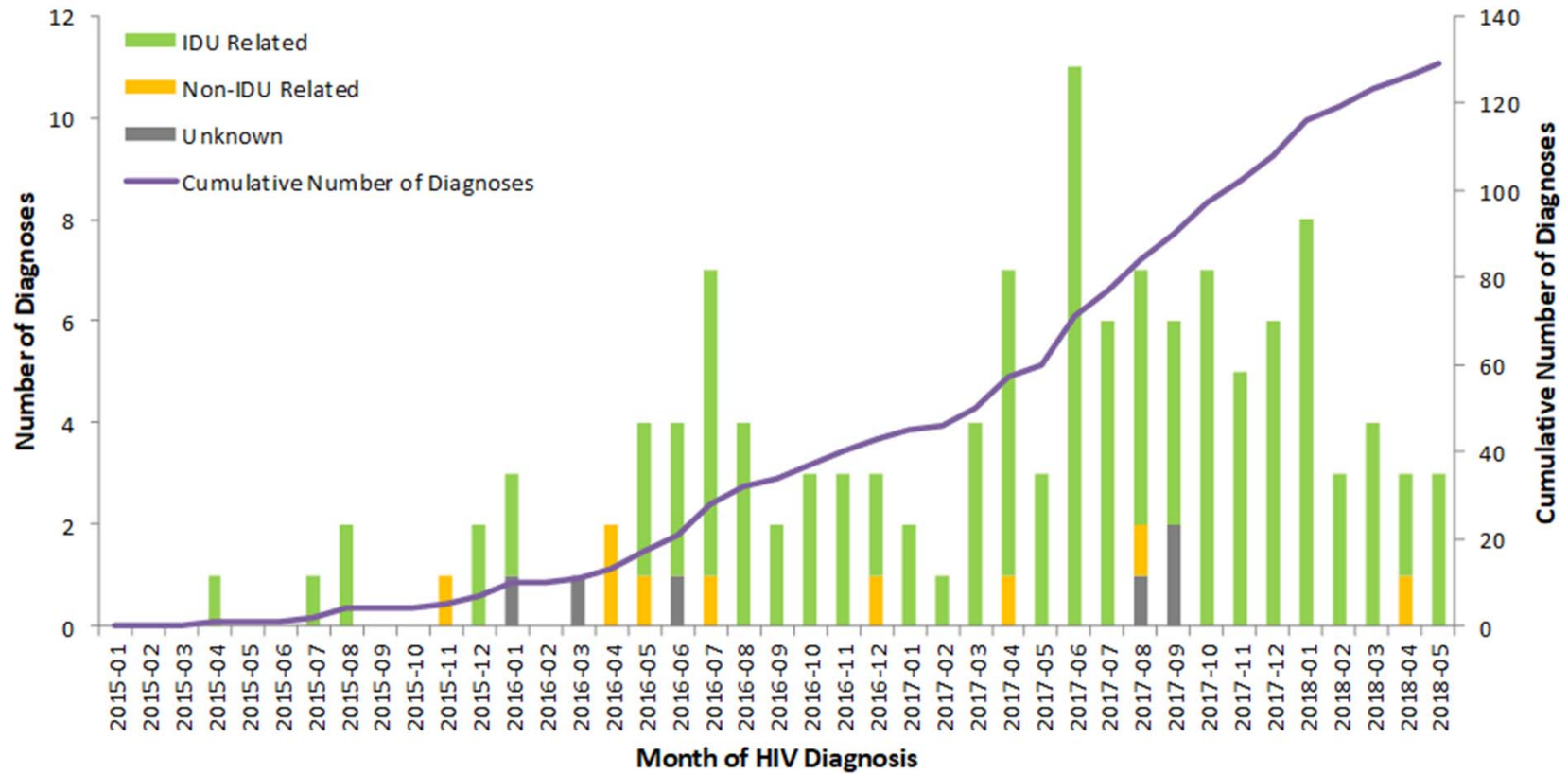
- **Epidemiologically-linked Case:**
  - E1: Confirmed HIV infection diagnosed between 2015-2018 in a person who inject drugs (PWID) with reported personal experience in Lawrence, MA or Lowell, MA (L/L) defined as:
    - Diagnosed with HIV in L/L
    - Received medical care (inpatient or outpatient) in L/L
    - Resided in L/L or experienced homelessness in L/L
    - Known participation in injection drug use in L/L
- E2: Confirmed HIV infection diagnosed between 2015-2018 in a named partner (P1: sex partner, P2: needle-sharing partner, P3: sex and needle-sharing partner) of an E1 case (as above).
  - Molecularly-linked Case (only):
  - Confirmed HIV infection diagnosed between 2015-2018 in a person without a known epidemiologic link but with a viral sequence that is molecularly linked to an epidemiologically-linked case (as above) at a genetic distance threshold of  $\leq 1.5\%$ .

## Molecular linked many new cases



# Cluster / Outbreak Follow-up

## HIV Cluster Diagnoses by Exposure Mode



# Routine HIV Field Follow-up

## Main Field Epi Objectives:

- Identify partners who need notification, testing and/or treatment
  - Enroll negative partners on PrEP
- Ensure linkage to care and create a retention plan with the patient
- Prevention messaging (U=U Undetectable is Untransmissible)
- Obtain case reporting form (CRF) data from provider and Interview data from patient as part of follow up

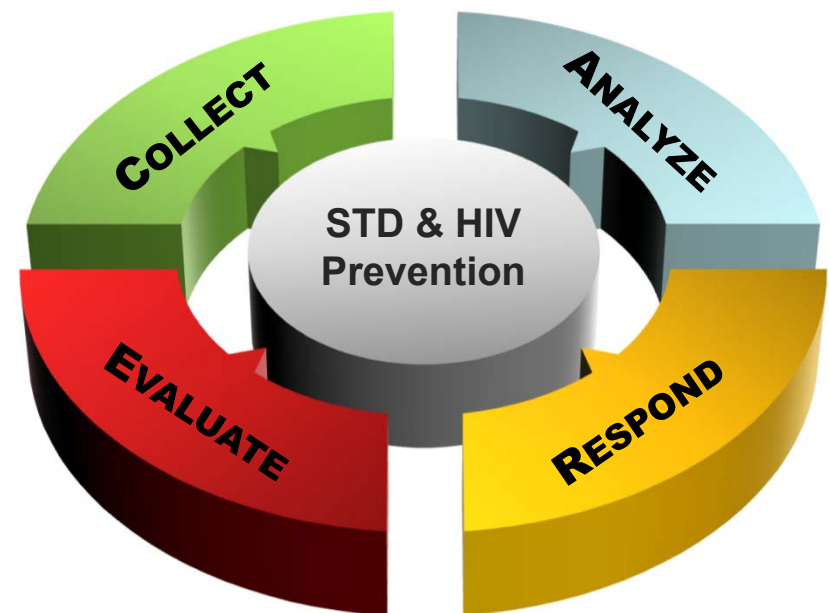
# Routine HIV Field Follow-up

## Benefits to HIV Surveillance:

- Faster CRF Return
- Time for surveillance epidemiologists to perform analysis projects
- Improve accuracy of data
  - Reduce NIRs – “no identified risk” (risk information gathered from both patient and provider)
  - Current address / living situation and demographic information from patient
- More timely data collection

# Evaluation and Program Improvement

- Data Review
  - Reconciling surveillance and field epi data
  - Ensuring program goals are being met
- Training opportunities
- Conference participation
- Publication and other data dissemination



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# Massachusetts Department of Public Health

# Thank You!

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