Disclosures

- The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.

- I have received research funding to SFDPH/City Clinic from Roche Diagnostics and GlaxoSmithKline.
STD Increases are Occurring Even as HIV Diagnoses Decline

STD Increases are Occurring in other Cities and States

Primary and Secondary Syphilis Rates in NYC

Chlamydia, Gonorrhea, and Syphilis Rates in CA
MSM have disproportionately high rates of Gonorrhea and Chlamydia

As Early Syphilis cases have increased, the largest proportion continues to be among MSM
White MSM have the Highest Case Number in Early Syphilis; Rates are Highest for Black/African American MSM

Priority Populations are Those at Highest risk for STDs or Severe Complications of STDs

- Gay and Bisexual Men and other Men who have sex with Men (MSM)
- Adolescents and Young Adults of Color
- Transgender persons

- Pregnant women (Preventing Congenital Syphilis Cases)
HIV and STD Decision Making is Complex

KQED Forum on 10/26/16; guests Drs. Susan Philip, Heidi Bauer, Cherrie Boyer

“I just wanted to say, you know, I’m a gay man, I’ve been taking PrEP for two years now, and as I’ve learned more about the efficacy of PrEP, I take it every day at the same time, I’ve stopped using condoms…

….after spending 30 some odd years of being safe, and being terrified, I finally feel like I have a enjoyable sex life and the possibility of getting an STI, is, is very much less significant and important to me…

Youth women of color, Trans Persons and Pregnant women as priority populations

- Different approaches and partnerships than STD prevention efforts in gay and bisexual men and other MSM

- Working with clinical providers throughout the San Francisco Health Network and throughout San Francisco to support STD screening and clinical management

- Community-based efforts complement the clinical work, to improve sexual health and decrease disparities in San Francisco

Chlamydia Rates among Females Ages 15-25 Years, By Race, San Francisco 2012-16
Chlamydia, Female Incidence Rates by Race/Ethnicity and Age Group (years), San Francisco, 2016

Challenges of Increasing Congenital Syphilis

- Syphilis can be transmitted by a pregnant woman to her baby with severe health consequences including miscarriage or death shortly after birth
- Transmission can be prevented by timely treatment of the mother with penicillin
- CA rates of congenital syphilis increased from 9.2 cases/100,000 live births in 2011 to 28.2 in 2015
- SF Congenital Syphilis cases: 1 in 2015 and 2 in 2016
**Role of SFDPH in STD Prevention in Control in San Francisco**

- Surveillance and Epidemiology
- Program Evaluation
- Clinical Guidance, Education, and Training
- Screening and Treatment Guidelines
- Research
- Community Outreach, Education, and Services
Program Approaches for Young Women

- SFDPH Black/African American Health Initiative
- Chlamydia Screening Rates in young B/AA women in SFHN one of Four Focus Areas
- Started with Youth Clinics, assess best practices and implement throughout

Program Approaches to Prevent Congenital Syphilis

- Syphilis/HIV Disease Intervention Specialist Team prioritizes syphilis cases and contacts who are women of childbearing age
- Coordination with SFHN Maternal Child and Adolescent Health
- Academic detailing, Grand Rounds, monthly STD reports
- City and DPH policies of Sanctuary City, Care for All and Harm reduction
City Clinic is Our Essential Hub for Sexual Health Services, Training and Research

- High Volume: 17,662 visits in 2016; 53% people of color
- Diagnosed 34/255 (13.3%) of the new HIV infections in San Francisco in 2015
- Diagnosed and treated 2,536 cases of chlamydia, gonorrhea or syphilis in 2015
- 106 patients in HIV Early Care in 2016
- Trained ~100 medical and nursing students, residents, fellows and practicing clinicians in 2016
- Locally relevant research: e.g. critical site for NIH-CDC gonorrhea study leading to new alternative treatments in the CDC STD Treatment Guidelines
- Hub for Integrated STD clinical and surveillance database (ISCHTR) which also contains HIV partner services and linkage and navigation data

**CONFIDENTIAL MORBIDITY REPORT**

**Gender (Please Check One)**
- □ Male
- □ Female
- □ Trans Male
- □ Trans Female
- □ Unknown

**Genderqueer/Gender Non-Binary**
- □ Not Listed (Specify)

Improvements to Our Provider Reporting forms June, 2017
### STDs and Syphilis Test Results

<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases (STD)</th>
<th>Syphilis Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Primary (lesion present)</td>
<td>- RPR Titer:</td>
</tr>
<tr>
<td>- Secondary</td>
<td>- VDRL Titer:</td>
</tr>
<tr>
<td>- Early latent &lt; 1 year</td>
<td>- FTAMHA: Pos Neg</td>
</tr>
<tr>
<td>- Late latent &gt; 1 year</td>
<td>- Other:</td>
</tr>
<tr>
<td>- Late (tertiary)</td>
<td></td>
</tr>
<tr>
<td>- Latent (unknown duration)</td>
<td></td>
</tr>
<tr>
<td>- Neurosyphilis</td>
<td></td>
</tr>
</tbody>
</table>

**Gender(s) of Sex Partners last 12 months**

- Male
- Female
- Trans Male
- Trans Female
- Unknown
- Genderqueer/Gender Non-Binary

### STD Treatment Information

**Treated (Drugs, Dosage, Route):**

**Date Treatment Initiated:**

- Month
- Day
- Year

**Untreated:**

- Will treat
- Unable to contact patient
- Refused treatment
- Referred to:

---

**SFDPH Can Help Ensure Patients are Treated**

**Please complete this section**
STD Academic Detailing

- Trained educator can meet with clinicians and staff briefly (1-on-1 or in small groups) to review best practices for routine sexual health care in primary care settings
- Emphasis on extra-genital screening and self-testing
- Contact darpun.sachdev@sfdph.org for more information

5 steps providers can take to improve sexual healthcare

1. Take a comprehensive sexual history that includes the gender of sexual partners and anatomic sites of sexual exposure during the past year.

2. Perform syphilis and 3-site gonorrhea and chlamydia testing every 3 months for sexually active gay, bisexual, and other MSM.

3. Immediately treat and report all syphilis and gonorrhea cases.

4. Screen all women < 26 years old for chlamydia and gonorrhea annually.

5. Test and treat ALL pregnant women for syphilis in the first trimester, and retest at the beginning of the third trimester and at delivery if there are ongoing risk factors.
STD Clinical Protocols

• Updated May 2017

• http://www.sfcityclinic.org/providers/STDProtocols

THANK YOU!

▪ Trang Nguyen
▪ Stephanie Cohen
▪ Robert Kohn
▪ City Clinic Staff
▪ Dorian Ball
▪ Dominique Reminick and CA PTC

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