UMassAmherst

STI Screening: expanding capacity, and meeting student's needs through off-site clinics

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Learning Objectives

T0 understand the rationale for increasing STI screening services at colleges and universities through off-site clinics

To be able to list required and recommended resources in order to conduct off-site, walk-in, nurse led clinics

To be able to list the benefits and risks of running off-site screening clinics

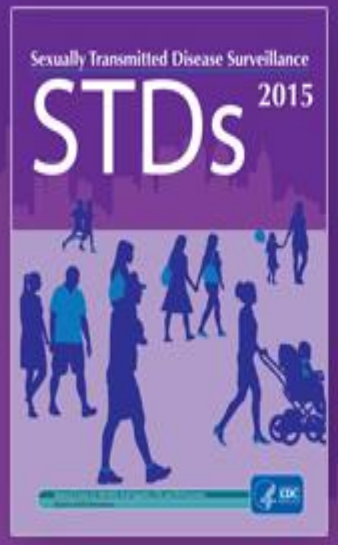
Plan

- Stimulate Conversation regarding asymptomatic screening practice and practicalities-feel free to ask questions
- Translate evidence into practice at your institution – clear differences between a large public institution and smaller college health services
- Get more comfortable with the topic and check-in on our own attitudes towards talking about sexual health
- Case review

Why do we need to up our college health game?

STI & HIV SCREENING

STDs at Unprecedented High in U.S.



- Combined cases of chlamydia, gonorrhea, & syphilis at record high
- Young people and gay & bisexual men still at greatest risk
- Prevention requires strong & sustained public health commitment

2015 STD SURVEILLANCE REPORT

2015 #STDReport

"We have reached a decisive moment for the nation. STD rates are rising, and many of the country's systems for preventing STDs have eroded. We must mobilize, rebuild, and expand services – or the human and economic burden will continue to grow."

– Dr. Jonathan Mermin, Director

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

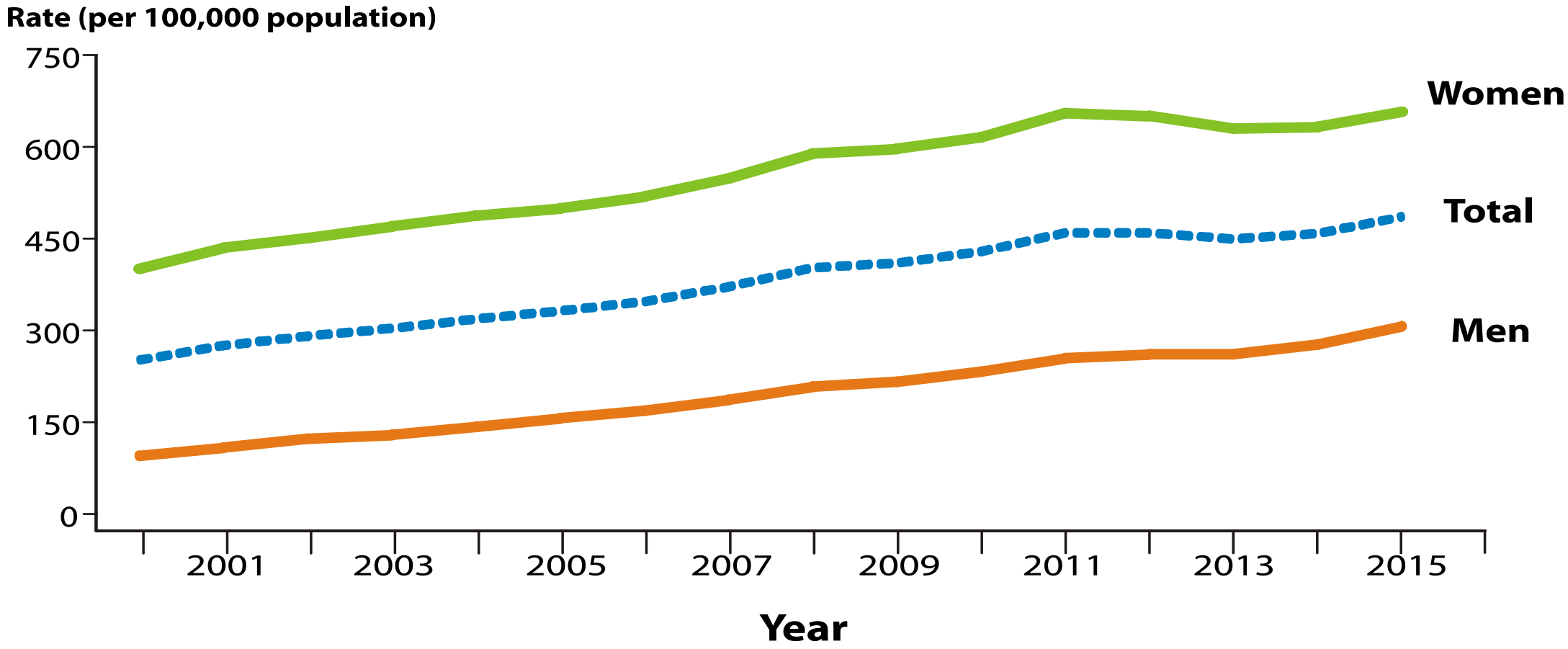
a few fast & compelling facts

- **>19 million STDs in U.S. annually**
- **Health consequences of untreated STDs**
  - Women's reproductive health: Untreated Chlamydia (CT) or gonorrhea (GC) may lead to pelvic inflammatory disease (PID)
  - Leading infectious cause of infertility in the U.S.
- –Infant mortality/morbidity
  - •Neonatal HIV, herpes simplex virus (HSV) and congenital syphilis–HIV transmission
- **Health care cost**
  - –$15.6 billion

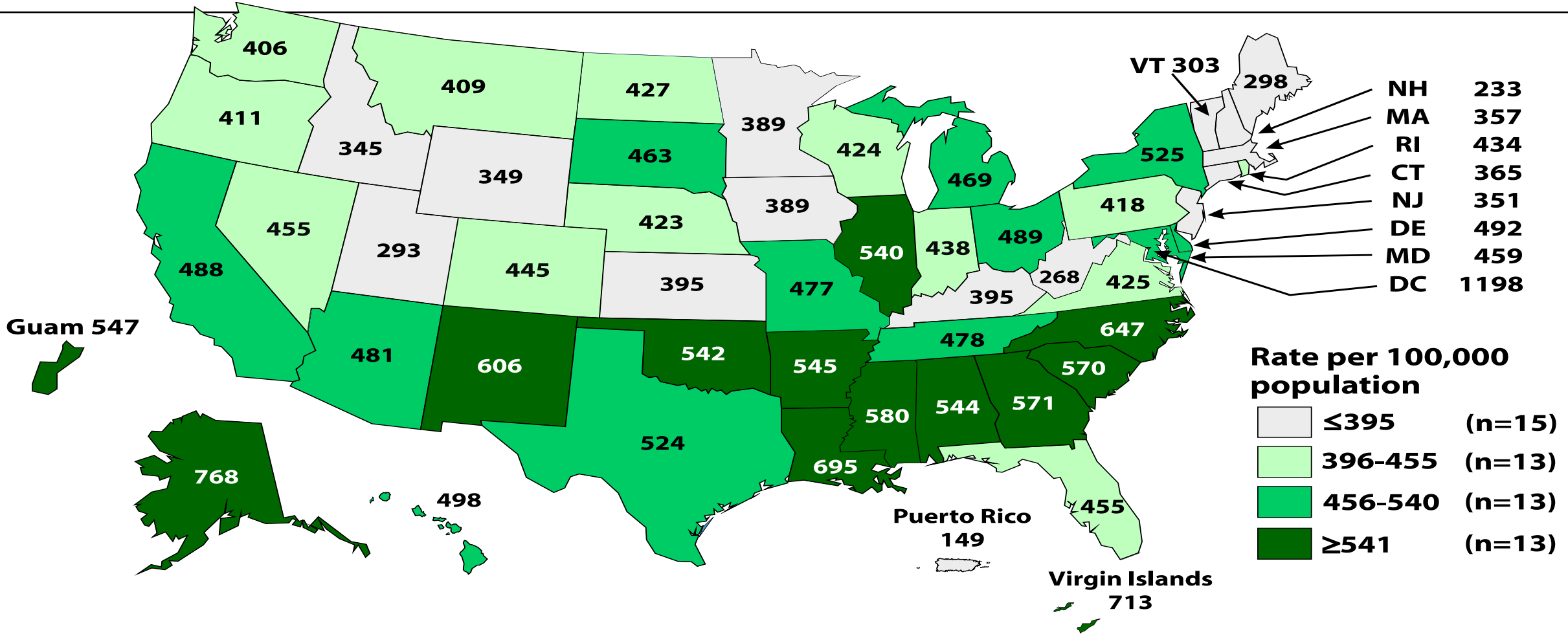
Satterwhite et al, 2013; Owusu-Edusei et al, 2013

Pretty Clear Rationale

Chlamydia — Rates of Reported Cases by Sex, United States, 2000–2015- CDC 2016



Chlamydia by State: CDC 2016



Populations at Greatest Risk for STDs

- Youth- Nearly 50% of STDs estimated to occur in 15-24 year olds
- Racial/ethnic minorities
- STDs among highest of all racial/ethnic health disparities
- African-Americans:
  - CT: 5.8 times the rates among whites
  - GC: 12.4 times the rate among whites
  - Syphilis: 5.6 times the rates among whites
- MSM
  - Account for 75% of syphilis cases in 2013
  - High rates of HIV co-infection

Satterwhite et al, 2013; CDC STD Surveillance Report 2013

HIV & Youth

- 1 in 4 new HIV infections occurs in youth ages 13 to 24 years
- About 12,000 youth in 2010, or about 1,000 per month, were infected with HIV.
- About 60% of all youth, with HIV do not know they are infected, are not getting treated, and can unknowingly pass the virus on to others.
- Gay & Bisexual men & African Americans are at the highest risk for infection

CDC: http://www.cdc.gov/vitalsigns/HIVAmongYouth/index.html

The STI/HIV screening times they are a-changin

- Less federal and state funded clinics and resources available in many states
- Affordable Care Act: Many/most of STI prevention and screening services are covered at no co-pay no matter if deductible has been met:
  - HIV screening for all adults
  - Gonorrhea/Chlamydia
  - Hepatitis Screening
  - Syphilis
- Caveats: Some are covered only for "at risk" individuals (heterosexual men) – think about your ICD codes Z11.3, Z11.4, Z72.51,Z72.52,Z72.53

HIV testing changes – intended to decrease barriers to testing

- MDPH – MGL in 2013 - Verbal Consent Sufficient for HIV Screening
- Anonymous testing the funding sources are fading
- HIV tests point of care tests are improving testing for HIV ab/ag and p24 approved by the FDA -September 2015

Background: Fast UMass Facts

Large University in a small town

- 28,000 students (graduate & undergraduate)
- Greater than 6,000 employees
- Located on 14,000 acres
- 13,000 residential undergraduates in 45 dormitories

- Town of Amherst has a population of 35,000-this includes the student population (~50% of population is under 25 years old)

- There are ***no*** sexual health clinics within 10 miles of campus – we did have Tapestry Health but they closed in Amherst in 2014

They

STD Prevention – Key Principles-CDC treatment guidelines 2015

Prevention Counseling to reduce STD acquisition – **Nursing Opportunity**

Screening of asymptomatic persons – ***Nursing Opportunity***

Diagnosis and treatment of symptoms

Management of sex partners – ***Nursing Opportunity***

Vaccination: - ***Nursing Opportunity***

- *Human papillomavirus*
- *Hepatitis A and B*

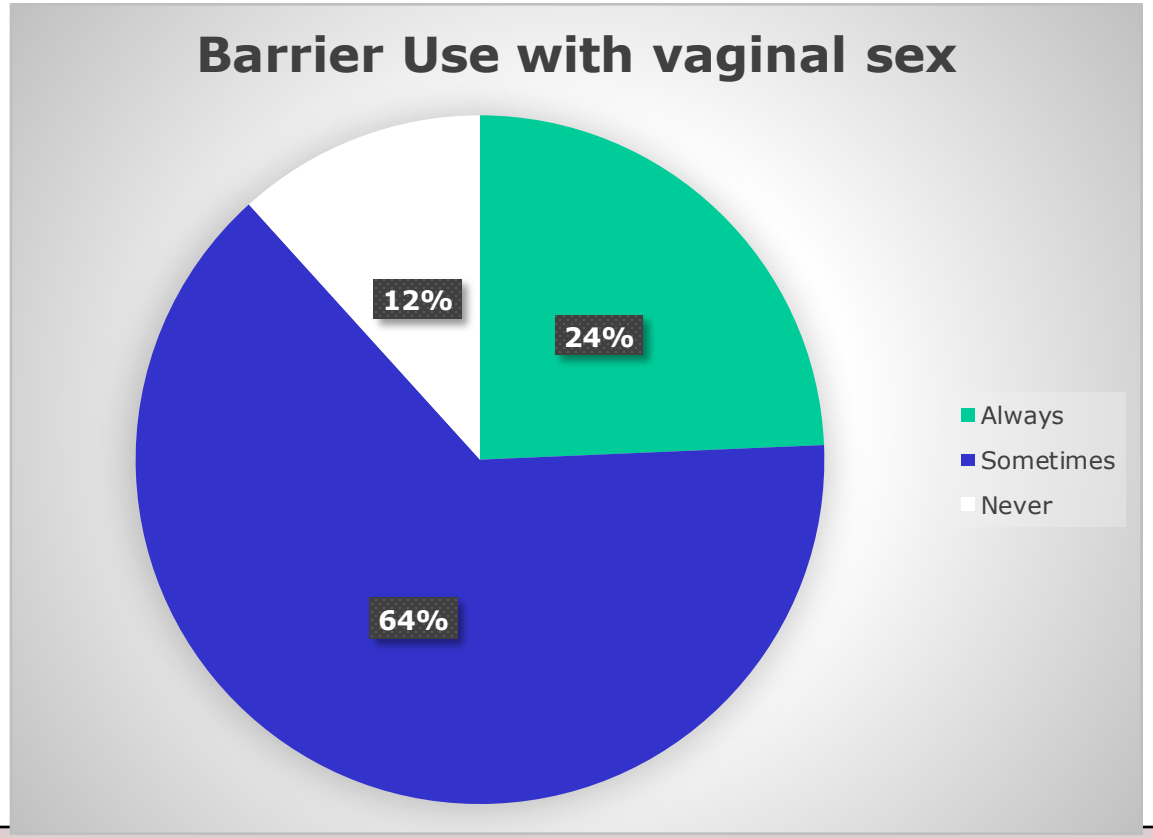
What's Up with Young Adults/College Students and STI's?

- Students have been found to have low rates of STI testing
- Many engage in high risk sexual behaviors
- Many have low rates of barrier device use
- Incomplete knowledge of preventive sexual health practices; or "It won't happen to me", poor sexual health education in many K-12 schools

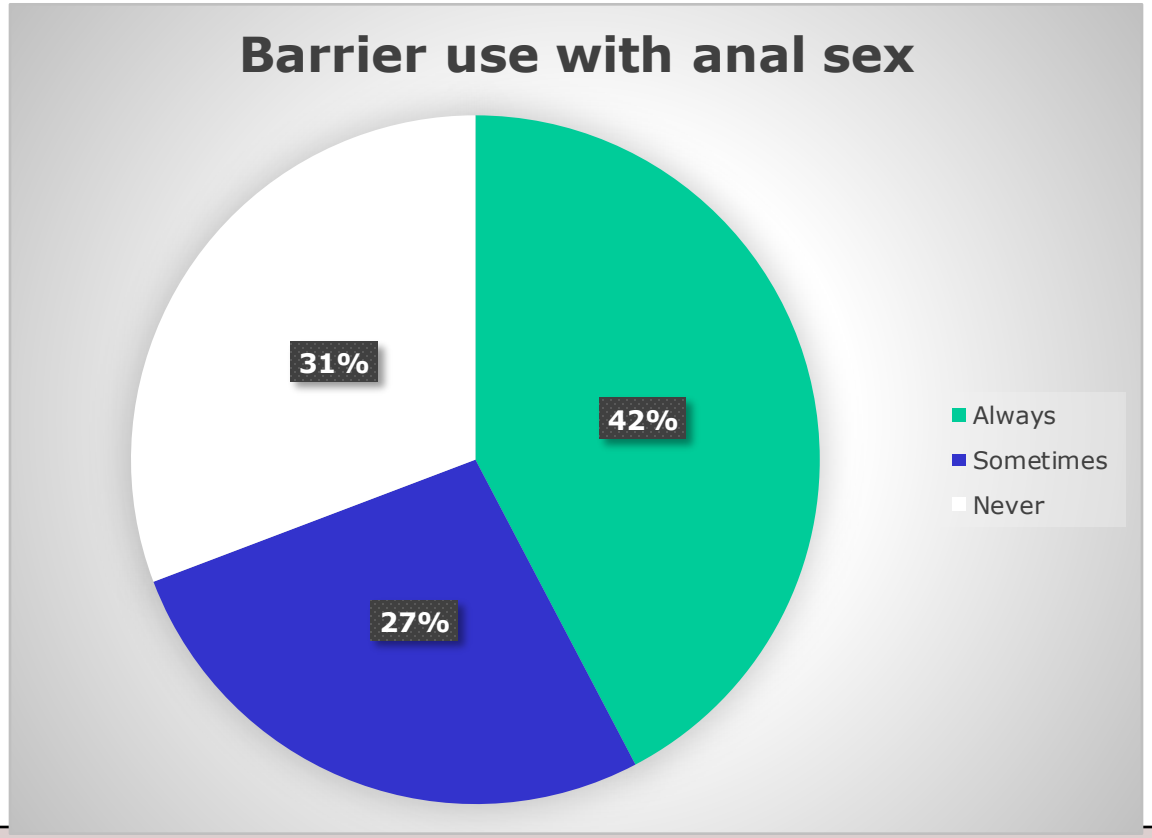
(ACHA, 2015; Dennison, Wu, & Ickes, 2014).

Use of Barrier Protection – UMass Fall

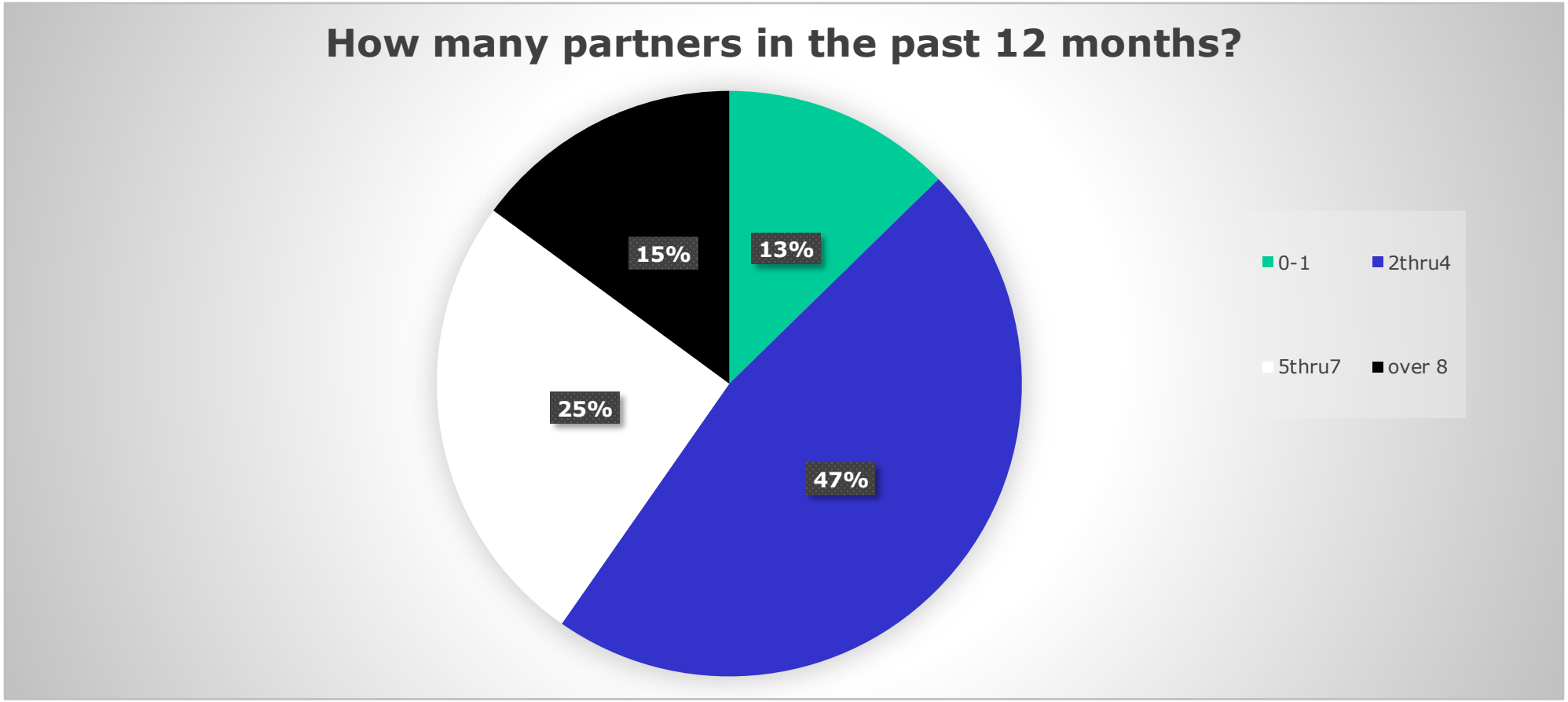
Barriers Use with vaginal sex



Barriers Use with anal sex



UMass Clinic Data: Fall 2016



Why the low rates of screening?

- Scheduling Conflicts- timing and ease are important
- Long wait times
- Mistrust/dislike of medical facilities
- Embarrassment

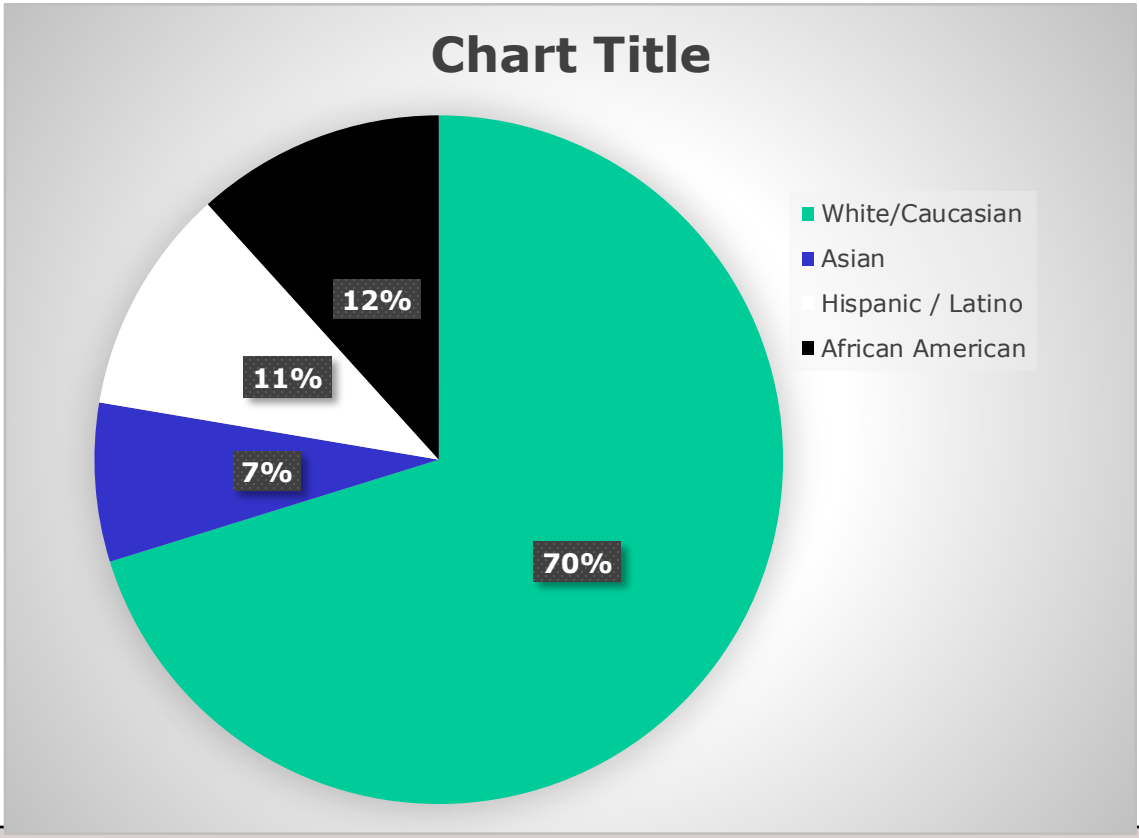
(Eastman-Mueller, Zhang, & Roberts, 2015; Moore, 2013

Why off site screening?

- Off-Site settings found to be more successful at reaching high-risk (MSM) & minority groups (Przybyla, 2013)
- Place is important for some people to feel more comfortable – local trusted sites (Hengel, et.al., 2013)
- Walk-In Model testing preferred by many students

UMass Off-Site Clinic Reach to Minorities

Race



Umass - Ethnicity of Students from U.S.

- 0.1% American Indian/Alaskan
- 9.4% Asian
- 3.9% Black/African-American
- 5.5% Hispanic/Latino
- 2.8% Multi-race (not Hispanic/Latino)
- 69.8% White
- 8.3% Unknown

Goals of off-site walk-in clinics

- Increase awareness of need to get tested
- Increase screening- especially to high risk students
- Normalize & destigmatize testing
- Create a low stress and non-judgmental atmosphere
- Get students talking about STIs with healthcare providers and with partners
- Be sustainable!

Required & Recommended Resources (nuts & bolts)

- Which tests do we offer?
  - ~1 year ago the FDA approved the Alere Determine™ HIV-1/2 Ag/Ab Combo for point of care testing
  - Nucleic acid amplification test (NAAT) Swabs and Urine Specimens – we use Aptima – we do urine testing, self-collected rectal swabs, nurse collected pharyngeal swabs
  - Lab drawn (back at UHS) RPR, Hepatitis C panels

How do we handle this confidentiality problem?

Free Testing

- Not sustainable in large numbers
- Illogical for our insured patients

Insurance testing

- Not truly confidential
- We don’t advertise confidential write-offs but when student self-identifies as having significant concerns we will write it off

Required & Recommended Resources (nuts & bolts)

Communications & Marketing

- Website
- Student & Parent Newsletters
- Posters & Bulletin board kits
- Table tents in DCs
- Digital Display Boards
- Campus Calendar
- Tweets
- Campus Partner promotion – LGBTQ center, student orgs, SGA
- ??Tindr or Grindr

Dating apps & STI's

Required & Recommended Resources (nuts & bolts)

- Standing orders for nurse testing and treatment
- Staff training with competency training for waived testing
- We use 3 RN's,2 clinic receptionists, 1 lab tech, 1 student greeter
- Central location – trusted site (with side room)

Problem -Protecting Confidentiality For Insured Dependents

12 states have provisions that serve to protect the confidentiality of individuals insured as dependents.(Connecticut, Maine)

- •5 states allow individuals insured as dependents to request confidential communications from their insurance provider
- •2 states have confidentiality protections specific to EOBs. Insurance providers in these two states are not required to send an EOB to the policyholder if there is no balance due.
- •6 states explicitly protect the confidentiality of minors insured as dependents.
  - 3 states have specific protections for minors seeking STI treatment.(Ct, De, Fl)
  - 3 states have protections for minors seeking any medical service. (Hi, Me, Wa)

Source: Guttmacher Institute 2016


"To reverse the STD epidemic, we should all learn to talk more openly about STDs – with our partners, parents, and providers."
– Dr. Gail Bolan, Director of CDC's Division of STD Prevention
CDC
Centers for Disease Control and Prevention

Risk Assessment –

- 5 P's:
  - Partners
- Practices
- Protection from STDs
- Past history of STDs
- Prevention of pregnancy

CDC, Guide to sexual history 2014

Brief sexual history for asymptomatic screening purposes

- Have ever been tested before & how long ago?
- Do you currently have any symptoms?
- Have been notified about an exposure?
- Are you concerned about any oral or rectal exposures?

Future Plans

- Health Education Specialists to join the team – role for possible discharge education/Motivational Interviewing
- Expanded social media role
- ? Add in vaccinations for HPV & Hepatitis A

December 2015- Case

19 year old male engineering student came to clinic:

- Risk assessment
  - MSM
  - barrier use inconsistent
  - no previous testing
  - no symptoms
  - Oral and anal exposures
  - International Student – been in US for 3 years – from Ethiopia

Which tests?

- HIV
- Chlamydia/Gonorrhea: urine & self collected rectal swab
- Syphilis

Results:

- Rapid HIV test "preliminary positive" – how to handle this in a busy off-site clinic….
- GC positive urine & rectal results came back 3 days later

Linkages & Public Health considerations

- HIV confirmed within 5 days after initial preliminary positive result
- Connected to counseling same day as notified and infectious disease specialist appointment within a week
- Viral load was high > 200,000
- Multiple contacts none within a week of testing, no known names, all on campus

Thank You!

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