Who We Are

• ASTDA is an organization dedicated to the control and study of sexually transmitted diseases.

• ASTDA membership is open to any individual with interest in the control and prevention of sexually transmitted diseases.
Who We Also Are

• The North-American Region of the International Union Against Sexually Transmitted Infections (IUSTI)
ASTDA Objectives

• The control, prevention, and ultimate eradication of sexually transmitted diseases

• To support research in all aspects of the sexually transmitted diseases including medical, epidemiologic, laboratory, social and behavioral studies

• To recognize outstanding contributions in sexually transmitted disease control and prevention

• To disseminate authoritative information concerning sexually transmitted diseases
“To disseminate authoritative information concerning sexually transmitted diseases”

- ASTDA is the owner of Sexually Transmitted Diseases
“To recognize outstanding contributions in sexually transmitted disease control and prevention”

- **Distinguished Career Award**
  - presented annually to a member for long and distinguished contributions in the field of STD research and prevention

- **Achievement Award**
  - presented annually for a single recent major achievement in the field of STD research and prevention, or to a member at mid-career to acknowledge an outstanding body of research in sexually transmitted diseases.

- **Young Investigator Award**
  - presented annually to an outstanding investigator in the field of STD who is no more than five years beyond fellowship training.

- **Special Awards**
“To support research in all aspects of the sexually transmitted diseases including medical, epidemiologic, laboratory, social and behavioral studies”

• Developmental Awards
  – Competitive research grant for young investigators within 5 years of doctorate or fellowship
  – Two years; $50,000 per year
  – 2008 - 2015
    • 12 Awardees
    • $1,200,000 awarded
In Focus
Prevention Science Series: Dr. Myron Cohen
STDs Amplify the Transmission of HIV: Where do we go from here? Myron S. Cohen, M.D. Since the time HIV was discovered as the cause of AIDS, we have known that a wide variety of STDs amplify transmission of the virus. The biological forces that create such risk are increasingly well understood. The greatest challenge has been to design strategies that link detection and treatment of STDs to reduced transmission of HIV. The Centers for Disease Cont
› Learn More

STDPO Partners
NCSD
GYT
ASHA
American Sexually Transmitted Diseases Association
HIV Testing and High Impact HIV Prevention in STD Clinics

Kees Rietmeijer, MD, PhD
HIP: High Impact HIV Prevention

• HIV Infected
  - Testing
  - Linkage to Care
  - Retention and Viral suppression
• High-risk uninfected
  - PEP
  - PrEP
Both groups
  Regular STD testing
  Behavioral counseling
High Impact HIV Prevention in STD Clinics
Rationale

• STD clinics provide high volume HIV testing
  - Identify disproportionate numbers of new HIV diagnoses
  - Have established linkage to care protocols and referral mechanisms

• They also provide high volume STD testing, including non-genital testing among MSM
  - Identify highest risk HIV-negative persons who may be candidates for PrEP
  - Identify highest risk HIV-positive individuals that may or may not be in care and may benefit from re-linkage efforts
Alignment

• Are STD Clinics aligned with high impact HIV prevention activities?
  - Are they seeing and focusing on those at highest risk, e.g. MSM of color?
  - Do they have data systems in place that allow for timely monitoring of services and populations served?
  - Do they have services in place?
    • HIV testing
    • Linkage and re-linkage to care
    • PrEP (by referral or onsite)
    • STD testing, including non-genital CT/GC
Denver Public Health STD Services 2013-2015

Graph showing trends from 2013 to 2015 for different categories:
- MSM
- MSW
- Women

The graph indicates a decrease in MSW and Women categories from 2013 to 2015, while the MSM category shows an increase.
Denver Public Health STD Services
MSM  2013-2015
Diagnosed STIs Among HIV Negative MSM
Denver Public Health 2013-2015
Diagnosed STIs Among HIV Positive MSM (Known)
Denver Public Health 2013-2015
STIs Among MSM by HIV Status
Denver Public Health - 2015

N = 1756
N = 224
N = 24

%
STD Clinics
A Traditional “Test & Treat” Environment

• Test: Point of Care Testing
  – Gram Stain
  – Wet preps
  – Dark field
  – RPR
  – HIV rapid testing

• Treat: Single dose, directly observed treatment
  – Syphilis
  – Gonorrhea
  – Chlamydia
  – Trichomoniasis
Expanding the Same Day – Same Visit Approach in the STD Clinic

• Family planning
  – Oral Contraceptive Starter Packs / Plan B
  – Same day LARCS
    • Injectables
    • Implants
    • IUDs

• HIV
  – Linkage to Care
  – PEP
  – PrEP
THE REAL WORLD OF STD PREVENTION

An Opportunity Too Good to Miss
Implementing Human Immunodeficiency Virus Preexposure Prophylaxis in Sexually Transmitted Diseases Clinics

Grace E. Marx, MD, MPH,*† Ramona Bhatia, MD, MS,‡§ and Cornelis A. Rietmeijer, MD, PhD, MSPH†¶

The science of human immunodeficiency virus (HIV) prevention has had several major breakthroughs in recent years, making the once-fantastic goal of HIV eradication suddenly more achievable. Daily oral emtricitabine/tenofovir disoproxil fumarate (Truvada) as preexposure prophylaxis (PrEP) to prevent HIV acquisition is chief among these advances. Preexposure prophylaxis has proven to be safe and effective, with protection approaching 100% among individuals who take on average only 4 pills a week.1 Although patient demand for this new method of HIV prevention is increasing among certain populations in the United States, many clinicians and clinics are struggling to make this service available to patients at greatest risk of HIV infection. The Centers for Disease Control and Prevention recently suggested that about 1.25 million Americans have indications for PrEP,2 yet it is estimated that less than 30,000 people in the United States are currently using PrEP.3
PrEP in the STD Clinic Models

• Referral to PrEP provider
  • Problem: many don’t make it to their first appointment

• Same-day PrEP: provide starter pack and refer to PrEP provider

• Same-day PrEP and provide follow up in the clinic
HIV Testing Needs

• Sensitivity is key:
  – Linkage to care for newly diagnosed
  – Accurately identify high-risk negatives for PEP and/or PrEP
    • Don’t want start 2-dose regimen for those acutely infected
HIV Testing in STD Clinics

a convenience sample

<table>
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<tr>
<th>City</th>
<th>POC</th>
<th>Type</th>
<th>Lab-Based</th>
<th>Type</th>
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<td>4th gen</td>
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</tbody>
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Conclusions

• STD clinics play central role in HIP
• HIV testing very important in STD clinics
  – Linkage to care
  – PEP and PrEP
• Need highest sensitivity (combination of) POC testing
• Great variation in current testing practices
• Many STD clinics could use guidance in developing best testing practices
2016 STD PREVENTION CONFERENCE

TRANSCENDING BARRIERS
Creating Opportunities

NEW DATES: September 20-23, 2016 | Atlanta, GA