Maine CDC
HIV, STD and Viral Hepatitis Program Update

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The revised guidelines address the following:

1. **Alternative treatment regimens for Neisseria gonorrhoeae**;
2. Nucleic Acid Amplification Tests for the diagnosis of Trichomoniasis;
3. Alternative treatment options for genital warts;
4. The role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications;
5. Updated HPV vaccine recommendations and counseling messages;
6. Management of persons who are transgender;
7. **Annual testing for hepatitis C in persons with HIV infection**;
8. Updated recommendations for diagnostic evaluation of urethritis; and
9. **Retesting to detect repeat infection**.

Treatment Regimens for *Neisseria gonorrhoeae*

Uncomplicated GC Infections of the Cervix, Urethra, Rectum, and Pharynx

**Recommended Regimen**
Ceftriaxone 250 mg IM in a single dose

PLUS

Azithromycin 1g orally in a single dose

**Alternative Regimen**
Cefixime 400 mg orally in a single dose

PLUS

Azithromycin 1 g orally in a single dose

*Not recommended for treating pharyngeal infection*

http://www.cdc.gov/std/tg2015/gonorrhea.htm
Test-of-Cure for Pharyngeal GC Infection

• Any person with pharyngeal gonorrhea who is treated with an alternative regimen should return 14 days after treatment for a test-of-cure using either culture or NAAT.
  – A test-of-cure is not needed for persons who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens
• If positive, effort should be made to perform a confirmatory culture before retreatment.
• All positive cultures for test-of-cure should undergo antimicrobial susceptibility testing.

http://www.cdc.gov/std/tg2015/gonorrhea.htm
Retesting Recommendations for *Neisseria gonorrhoeae*

- Retest **3 months after treatment** regardless of whether they believe their sex partners were treated.
  - Reinfection is usually caused by failure of partner treatment or sexual activity with new infected partner

- If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care within 12 months following initial treatment.

http://www.cdc.gov/std/tg2015/gonorrhea.htm
Management of Sex Partners

- “Recent sex partners (< 60 days preceding onset of symptoms or gonorrhea diagnosis) should be referred for evaluation, testing, and presumptive dual treatment.

- If the patient’s last potential sexual exposure was >60 days before onset of symptoms or diagnosis, the most recent sex partner should be treated.

- To avoid reinfection, sex partners should be instructed to abstain from unprotected sexual intercourse for 7 days after they and their sexual partner(s) have completed treatment and after resolution of symptoms, if present.

http://www.cdc.gov/std/tg2015/gonorrhea.htm
Expedited Partner Therapy (EPT)

- Patient Delivered Partner Therapy: Allows health care providers to give STD-diagnosed patients medication and/or prescriptions to deliver to his/her sex partner(s) without a prior medical evaluation or clinical assessment of those partners.
- Multiple studies have found EPT to decrease rates of CT/GC reinfection and increase the number of sex partners reported to be treated for CT/GC.
- EPT is only allowable for chlamydia and gonorrhea.
  - EPT is generally not recommended for those with allergies to recommended treatment; MSM (high risk of co-infection), cases of pharyngeal gonorrhea (treatment not effective), and pregnant/lactating women (doxycycline is not safe).

http://MainePublicHealth.gov/STD
Finding the STD Treatment Guidelines

• More than just treatment...
  – Prevention, Screening, Counseling, Management, AND Treatment Guidelines

• Direct Link
  – Downloadable and printable resources

• “There is an APP for that!”
  – CDC STD Treatment Guidelines available for Apple devices
  – Android App in development, due by Winter
“Pre-exposure prophylaxis, or PrEP, is a prevention option for people who are at high risk of getting HIV. It’s meant to be used consistently, as a pill taken every day, and to be used with other prevention options such as condoms.”

“In several studies of PrEP, the risk of getting HIV infection was much lower—up to 92% lower—for those who took the medicines consistently than for those who didn’t take the medicines.”

http://www.cdc.gov/hiv/basics/prep.html
## Maine HIV, STD, and Viral Hepatitis Program

### Current Data


<table>
<thead>
<tr>
<th>Disease</th>
<th>Diagnosed Cases YTD, 2015</th>
<th>Median Cases YTD, 2010 – 2014</th>
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</thead>
<tbody>
<tr>
<td>HIV</td>
<td>35</td>
<td>43</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>225</td>
<td>178</td>
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<tr>
<td>Chlamydia</td>
<td>3026</td>
<td>2513</td>
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<tr>
<td>Syphilis</td>
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<td>16</td>
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</tbody>
</table>
Rate of Acute HCV 2010-2014

Maine Center for Disease Control and Prevention
Viral Hepatitis and HIV

- Amongst HIV positive populations, 25% are co-infected with hepatitis C and 10% are co-infected with hepatitis B
- 80% of people with HIV who inject drugs have HCV
- Viral hepatitis progresses faster and more efficiently in HIV+ individuals, increasing the risk of liver-related health problems
- Viral hepatitis related liver disease is the leading cause of non-AIDS related deaths amongst the HIV+ population
- It is recommended that individuals living with HIV get vaccinated for HBV and tested annually for hepatitis C

Maine HIV, STD, and Viral Hepatitis Program Resources

  - Patient Guide
  - Provider Guide

- PrEP Survey
  - Will be sent to 800+ Maine healthcare providers later in November

- Regional HIV/STD Prevention Outreach Coordinators

- Disease Intervention Specialists
Questions?

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