

Director’s Message

Dear Colleagues-

Welcome to the 5th edition of the Sexual Health Review! This review is filled with great information including updated numbers on gonorrhea incidence and our efforts to monitor antibiotic resistant gonorrhea, a showcase on an Expedited Partner Treatment (EPT*) distribution pilot program out of Orange County, updates on the EPT* 2022 Social Media Campaign, and highlights from several AIDS Institute initiatives.

In this edition, we also highlight “sexual rights” as an important aspect of sexual health. You will read about trends of sexual violence experienced by teenage girls, as reported by the CDC. Their report includes a disturbing statistic that 14% of teenage girls in 2021 were forced to have sex. That represents an 18% increase over the prior two years, and likely underestimates the actual number impacted, as not all individuals will choose, or feel able to disclose. While statistics are often easy to gloss over, these numbers reverberate my core as I too was a teenage girl who had this experience, and over 25 years later I am still deeply impacted by that event. The way we speak to one another about sex and consent, and the messages we send to our youth through culture, behavior, and role-modeling, are cornerstone in achieving sexual health. I encourage us all to spread the message of sexual rights in our work, which often starts with listening and believing.

If you or someone you know has experienced sexual violence recently or in the past, confidential support is available 24/7. Support is also available if you do not know what happened or if you do not know if what happened is sexual violence. Please call or text the NYS Domestic and Sexual Violence Hotline for more information: Call 800-942-6906 or Text 844-997-2121.

Dr. Rachel Malloy, OSHE Director

*Expedited Partner Therapy (EPT) is also known as Expedited Partner Treatment (EPT).

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Sexual Health

Sexual Health is a state of physical, emotional, mental, and social well-being in relation to sexuality. The American Sexual Health Association (ASHA) defines sexual health as, “the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health” (source: ashasexualhealth.org). There are six aspects of sexual health as outlined in the [Sexual Health Review, Issue 3, October 2022](#).

Sexual Rights

In this edition we are highlighting one of the most important aspects of sexual health: sexual rights. According to the World Health Organization, “the fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws”(source: www.who.int) In this definition, sexual rights are a component of basic human rights which include, but are not limited to: the right to equality and non-discrimination, the right to privacy, the right to information, and the right to freely express oneself. Importantly, by affirming and protecting these rights, it supports “all people’s rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination”(source: www.who.int).

Young women across America are finding themselves in situations where often their sexual rights are being disregarded, trivialized, and/or violated. Young women are in crisis and adults often miss the signs in enough time to intervene in meaningful ways. The CDC has released [The Data Summary & Trends Report](#) from the 2021 Youth Risk Behavior Survey. These data depict just how pervasive the problem is for young women. “Female students and LGBTQ+1 students are experiencing alarming rates of violence, poor mental health, and suicidal thoughts and behaviors” (source: www.cdc.gov). In response to the data and trends elucidated by the YRBS, Washington Post writers Donna St. George, Katherine Reynolds and Lindsey Bever penned [The Crisis in American Girlhood](#)—an article that takes an in-depth look at the state of young women today.

The writers interviewed a cross-section of young women from around the country and found that adults need to do much more to ensure that girls’ sexual rights are protected and that they do not fall victim to sexual violence. Young people overall, but teenage girls specifically, need to have the space to freely express themselves without judgement or discrimination; and be seen and heard. “Many of the girls interviewed for this story asked that adults listen to and believe girls and stop dismissing their concerns as drama. ‘Adults don’t get all the pressure that teenage girls have to deal with, from appearance to the way they act to how smart they are, to the things they do,’ said Villegas, the Eastvale 10th-grader. ‘It can be very overwhelming.’” (source: <https://www.washingtonpost.com/>).



U.S. sees first case of Multi-Drug Antimicrobial-resistant Gonorrhea in 2023

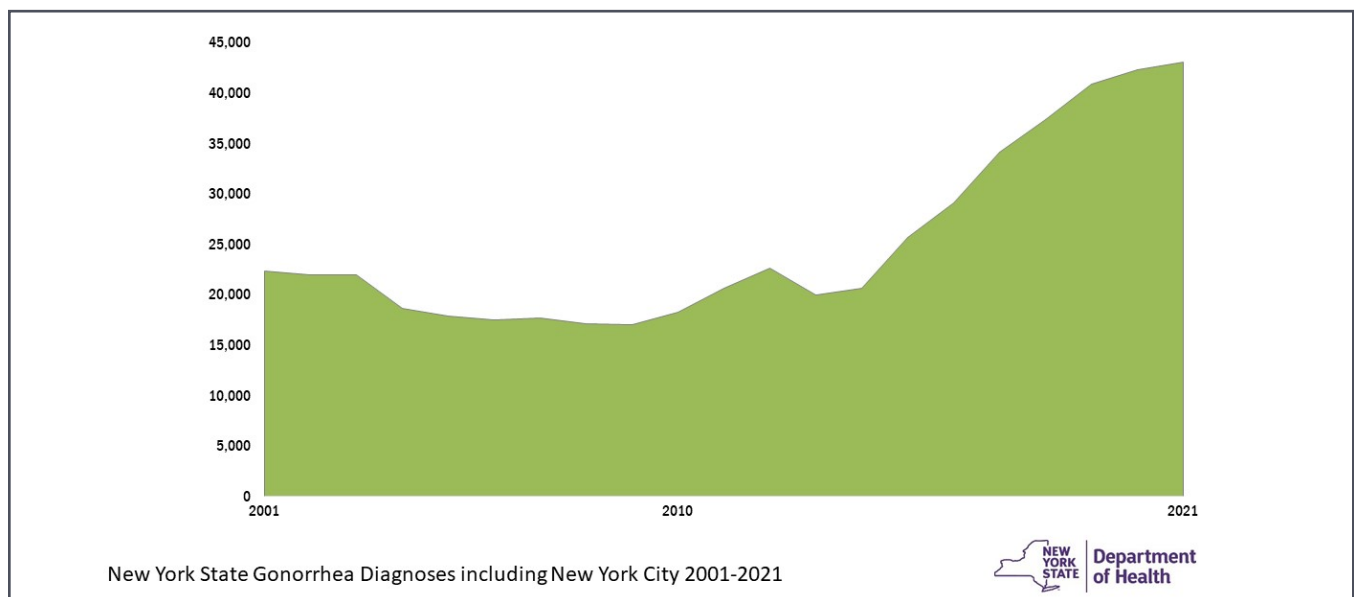
In January 2023 a novel strain of multidrug-non-susceptible *Neisseria gonorrhoeae* with reduced susceptibility to ceftriaxone, cefixime, and azithromycin, and resistance to ciprofloxacin, penicillin, and tetracycline, was identified in a Massachusetts resident. Although ceftriaxone 500 mg IM was effective at clearing infection for this case, this is the first isolate identified in the United States to demonstrate resistance or reduced susceptibility to all drugs that are recommended for treatment.

Enhanced surveillance in Massachusetts also identified a second isolate that, based on its genome, likely had similarly reduced susceptibility to ceftriaxone and cefixime. Although both cases were successfully clinically and microbiologically cured following treatment with ceftriaxone, these findings are highly concerning. For more information on the novel strain and guidance and recommendations for clinicians in New York State, please see the joint [AIDS Institute-Wadsworth Health Advisory](#) that was released in February of this year.

In New York State, infrastructure is in place to monitor/detect antimicrobial resistant strains of gonorrhea. Those include:


- **Enhanced testing:** Samples can be sent Wadsworth Center if there is suspicion of gonorrhea treatment failure and/or antibiotic resistance, for example when patients persistently test positive or have disseminated infection. Information on how to send isolates is included in the above referenced advisory.
- **Enhanced case surveillance:** In addition to ongoing routine gonorrhea surveillance, the AIDS Institute has just started conducting provider follow-up and brief patient interviews on a random sample of individuals diagnosed with gonorrhea.
- **Sentinel Surveillance:** New York State has two sites—one in Erie County and one in NYC—participating in GISP, or the Gonococcal Isolate Surveillance Project. This project dates back several decades. Its current iteration is a collaboration between the Antibiotic Resistance Laboratory Network regional labs, the CDC, and participating sentinel sites. For more information on GISP, please see [here](#).
- **Partner Services:** In New York, we have a prioritizing schema to investigate the highest priority cases first. Antibiotic resistant gonorrhea is in the highest priority tier and immediate case investigation is the standard.

Antimicrobial-resistant gonorrhea remains an urgent public health threat nationally and internationally. To date in New York State, no gonorrhea resistant cases have been reported. However, while reaching a historic low of 17,009 diagnoses of uncomplicated gonorrhea in 2009. The trends show consistent increases since then, as illustrated below.




Orange County Expands Expedited Partner Therapy*

In this issue for our Local Health Department Spotlight, we are highlighting the great work in Orange County in rolling out a pilot EPT* project. Below is a poster created by our colleagues from the Orange County Health Department and presented at the 2022 Adolescent Medicine Symposium.



Expanding Expedited Partner Therapy (EPT) in Orange County EPT Distribution Pilot Program

Kevin Hanrahan, Public Health Fellow
Kathleen Cafferty, MD, Supervising Public Health Infectionist
Jacqueline Lawler, MPH, CHW, Director of Epidemiology and Public Health Monitoring



ABSTRACT

Rates of Chlamydia (CT) and Gonorrhea (GC) have been steadily rising in Orange County (OC), NY. Over the past six years, OC has seen an average of 1,500 CT cases and 300 GC cases per year. Most CT and GC cases are asymptomatic and may go untreated, leading to unaltered spread. Untreated CT and GC can also lead to Pelvic Inflammatory Disease (PID), infertility, and/or obstetric complications in women, and increase the risk of contracting additional Sexually Transmitted Infections (STIs), especially HIV. The high quantity of CT cases in OC is particularly burdensome for public health workers, who are tasked with ensuring treatment of individuals infected with CT. An effective measure in fighting CT, GC, and Trichomoniasis (TV) is Expedited Partner Therapy (EPT), in which patients treated for these infections are given medication for their sexual partners. While every person exposed to an STI should receive a complete evaluation, EPT increases the likelihood of treatment in cases where follow-up is unlikely. To combat the high rates of CT in OC, the Orange County Department of Health (OCDOH) created the OC Expedited Partner Therapy Distribution Program to provide readily available EPT to OC medical providers to treat CT, GC, and TV.

COMPLICATIONS OF UNTREATED STIS

- Autoinoculation
 - Conjunctivitis
 - Rectal infections*
- Disseminated Infection (Gonorrhea)
- Ectopic Pregnancy
- Increased risk of contracting HIV
- Infertility

*Typically in females, a rectal infection can also result from sexual transmission.

- Perinatal transmission
 - Conjunctivitis
 - Pharyngitis
 - Trachoma (Chlamydia)
 - Pneumonia
 - Pelvic Inflammatory Disease (PID)
 - Preterm labor (Trichomoniasis)


Source: University of Washington. STD lessons 2nd Edition. National STD Curriculum. <https://www.std-curriculum.com/sti-lesson/>

IMPROVEMENT THEORY

The OC EPT Distribution Program strives to reduce CT, GC, and TV infection and reinfection rates, prevent complications from untreated infection, and allow disease intervention specialists to devote greater attention to more complicated infections such as Syphilis and HIV. The medication used in the EPT program is purchased by OCDOH in pre-packaged unit doses from a pharmaceutical re-packer. EPT is distributed, free of charge, to participating clinics, practices, and healthcare groups in the form of med-in-hand packs, which also contain informational materials and condoms. Delivering medication in this manner is intended to eliminate barriers such as medication cost and difficulties associated with electronic EPT prescriptions, which can deter providers from offering the service. By providing medication to health care facilities, OCDOH will increase the amount of EPT provided and therefore hopefully decrease infection rates.

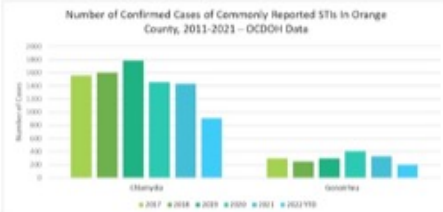
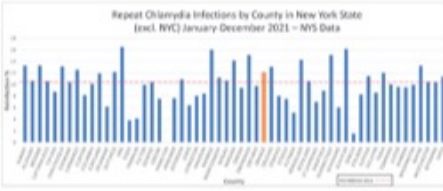
WHAT IS EPT?

Clinical practice of providing individuals with medication or a prescription to deliver to their sexual partner(s) as presumptive treatment for a sexually transmitted infection (STI), without completing a clinical assessment of those partners.



Source: Shalton L. (2019). Expedited Partner Therapy for Chlamydia trachomatis: from concept to policy and implementation in New York State (Poster Panel).

CHLAMYDIA/GONORRHEA EPIDEMIOLOGY

BARRIERS TO EPT

Barriers for Providers

- EPT is exempt from E-prescribing mandates, but few offices carry or are willing to use paper Rx pads.
- E-prescribe platforms do not allow for no-name scripts, practices must build in an EPT profile.
- Pharmacists are often underinformed and are less likely to fill a no-name prescription.
- Double prescribing for one patient is insurance fraud.
- Cost to purchase medication for Med-in-Hand deters medical practices.

Barriers for patients and partners

- When index patient fills EPT script for partners, they assume the cost.
- If the EPT script is given to the partner, the partner assumes the cost, and must present to the pharmacy.
 - if medication is not covered, patients, or their partners must pay out of pocket, and this can become very costly.
- Adolescents would have difficulty filling a prescription discretely or covertly.
- Patients or partners may have difficulty getting to a pharmacy.

Source: Hanrahan, K. (2022). Expedited Partner Therapy for Chlamydia trachomatis: from concept to policy and implementation in New York State (Poster Panel).

PLANNING AND IMPLEMENTATION

Research

- Consultation with Essential Access Health (California) and UoM
- Essential Access Health organizational structure is model for OCDOH EPT Distribution Pilot Program.
- The University of Michigan Hospital STIC program was used as a template for partner pack creation.
- Review of funding sources
 - 340B not appropriate for situations where medication is not being provided directly to OCDOH clinic patients.

Quote collection

- Per county regulation, we were required to request 3 quotes.
- Many re-packagers unwilling to handle penicillin.
- Contracted with Remedy Repack of Indiana, PA.

Funding

- Incentive funds from Article IX performance measures used for deployment in 2022.
- Collaborating with NYSDOH for sustained funding.

PERFORMANCE MEASURES

Baseline Data

- Conestoga (Multiple locations)
 - 522 Chlamydia cases diagnosed in 2020-2021.
 - EPT was offered to 19.5% of cases and provided to 15.9% of cases.
 - Mode of distribution: 84.3% Rx & 7.2% Med-in-Hand.
- Garnet Health Medical Center (Middletown)
 - 324 cases of Chlamydia in from 2020-2021.
 - EPT was offered to 5.7% of cases and provided to 4% of cases.
 - Mode of distribution: 60% Rx & 40% Med-in-Hand.
- St. Luke's Cornwall Hospital (Newburgh)
 - 72 Chlamydia cases (diagnosed in 2020-2021), offered no EPT in that time.

Next Steps

- Quarterly data collection
 - Review EPT performance via Med-in-Hand distribution rates.
 - Enhance understanding of CT, GC, and TV epidemiology with patient demographics and quantities of each pack type distributed.
- Expand the program: enroll more providers, practices and clinics in program, especially large group practices.

Horszny, K., Cafferty, K., Lawler, J. Expedited Partner Therapy (EPT) in Orange County: EPT Pilot Distribution Program. Poster presented at 2022 Adolescent Medicine Symposium, November 1-3, 2022. Virtual Symposium

*Expedited Partner Therapy (EPT) is also known as Expedited Partner Treatment (EPT).

Expedited Partner Therapy (EPT*) Social Media Campaign

The 2022 EPT media campaign ran in outlets across New York State from October through December. It included targeted social media platform ads, streaming video and audio content, as well as internet search ads. Preliminary reports indicate it was a very strong campaign serving more than 58,212,000 impressions across New York state and driving more than 3,584,000 completed video views and 137,000 clicks to the landing page. (health.ny.gov/ept) Campaign metrics show that users were browsing and engaging with the educational content on the site.

Additionally, focus groups were held with young people from across the state to learn more about their attitudes and behaviors around sexual health care, including EPT. They have already been valuable in helping to develop EPT messaging and programming, including their positive feedback on the above graphic and messaging. Future campaigns will be informed by these rich discussions, allowing us to better reach those most impacted by STIs.

To request campaign materials to use on your local platforms, and for more information, contact the EPT team at EPT@health.ny.gov.

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Mpox Information

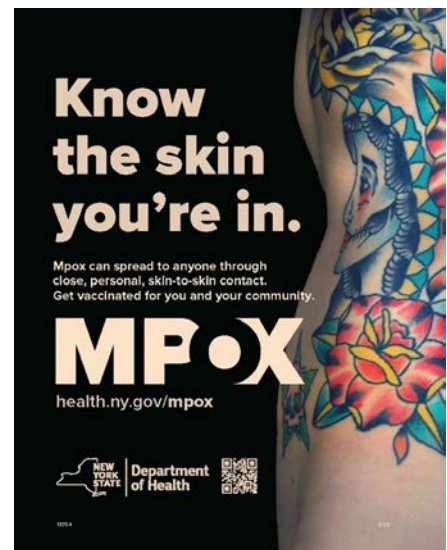
Thanks to increased access to testing, vaccination, and behavior change by the communities affected by mpox, the number of new cases of mpox has declined dramatically since last summer, and incidence of new cases remains low (as of June 28, 2023). However, mpox continues to spread at low levels. While anyone can get mpox, diagnoses have been primarily among gay, bisexual, and other men who have sex with men.

While vaccination and testing availability was limited last summer, both are now widely available across New York State. There are [promising data](#) on the effectiveness of the JYNNEOS vaccine at preventing mpox from last year's outbreak. However, no vaccine is 100 percent effective, and there have been recorded instances of mpox infection after vaccination, including among [a cluster of cases reported this Spring in Chicago](#), many of whom had previously been vaccinated. Importantly, evidence from this cluster and other instances shows that even where mpox infection after vaccination does occur, the vaccine may reduce the severity of symptoms.

Completion of the two-dose JYNNEOS vaccine series remains one of our most vital tools to protect against mpox. Patients should be informed that healthy practices continue to be important, including being aware of mpox symptoms, avoiding any sexual activity and physical non-sexual contact when feeling sick, and having open conversations with partners about vaccination history and symptoms before engaging in sexual activity.

The New York State Department of Health continues to encourage healthcare providers to offer vaccination and other mpox services and information as a part of routine sexual healthcare. As a reminder, providers interested in offering the JYNNEOS vaccine to their patients or who have questions about the mpox response can email mpox@health.ny.gov.

In partnership with the New York City Department of Health and Mental Hygiene, the Department has launched an mpox [Digital Toolkit](#) and a series of robust, multimedia education campaigns to encourage eligible New Yorkers to start or complete their two-dose mpox vaccine series now to help prevent another outbreak.



Upcoming Trainings



CEI announces the availability of new online accredited courses:

- [HIV Medication Errors](#)
- [HIV Screening and Diagnosis in New York State](#)
- [Pain Management for People who Use Opioids](#)

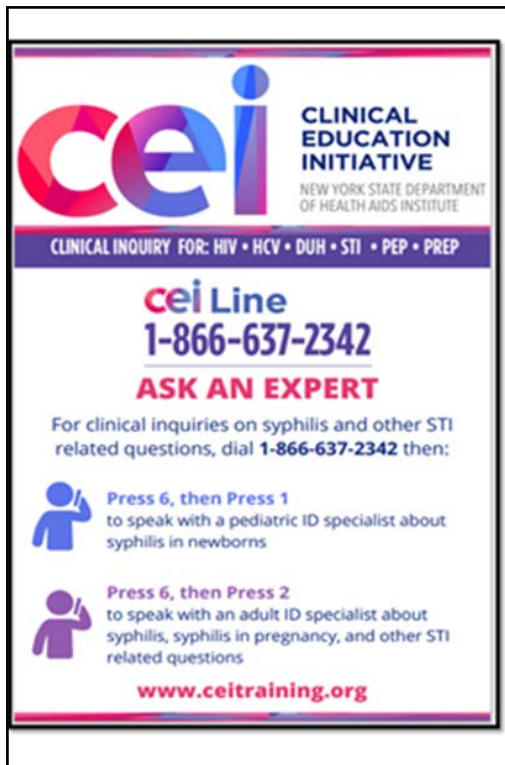
and new Learning Modules:

- [ECHO: STIs Among Older Adults](#)
- [ECHO: Update on Outpatient Management of Urinary Tract Infections](#)
- [ECHO: Pain Management for People with Opioid Use Disorder](#)
- [ECHO: Microdosing Induction for Buprenorphine](#)
- [ECHO: Wound Care for People who Use Drugs](#)
- [ECHO: Xylazine](#)

Visit ceitraining.org today to sign-up for other training opportunities: live and online trainings, webinars, preceptorships, HIV, STD, and Drug User Health ECHO sessions.

Need assistance with congenital syphilis prevention options for pregnant persons with syphilis? Contact the CEI Line!

Upcoming Trainings



cei CLINICAL EDUCATION INITIATIVE
NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE

CLINICAL INQUIRY FOR: HIV • HCV • DUH • STI • PEP • PREP

cei Line
1-866-637-2342

ASK AN EXPERT

For clinical inquiries on syphilis and other STI related questions, dial **1-866-637-2342** then:

- Press 6, then Press 1 to speak with a pediatric ID specialist about syphilis in newborns
- Press 6, then Press 2 to speak with an adult ID specialist about syphilis, syphilis in pregnancy, and other STI related questions

www.ceitraining.org

In the [last issue](#), we announced the launch of the collaborative work with the CEI Sexual Health Center of Excellence Congenital Syphilis Prevention Program congenital syphilis prevention case reviews for clinical providers and Disease Intervention Specialists (DIS) who work with pregnant residents of New York State (except New York City residents) who are: 1) diagnosed with syphilis and/or 2) known to the NYSDOH via a reportable STI. Since the last issue, the work of CEI in collaboration with the AIDS Institute was presented at the NCS D STD Engage Annual Conference at a session focused on best practices for prevention congenital syphilis.

As part of this program, the CEI providers serve as the point of contact for clinical providers and DIS and assist them with clinical review and follow up activities including providing recommendations to clinical providers to reduce missed congenital syphilis prevention opportunities and providing recommendations to ensure adequate treatment for partners via NYS and CDC criteria. In addition, the CEI will also provide training opportunities by request and based on congenital syphilis trends.



NNDITC

JOIN US FOR OUR
DISEASE INTERVENTION TRAININGS

IN OUR DISEASE INTERVENTION TRAININGS, YOU'LL ENHANCE YOUR KNOWLEDGE AND SKILLS BY DISCUSSING CRITICAL ISSUES, SOLVING PROBLEMS, AND SHARING CHALLENGES THAT ARE UNIQUE TO DISEASE INTERVENTION.

STI/HIV Interview Series:	Check out our other offerings:
<ul style="list-style-type: none">✓ Overview of STI/HIV interviewing✓ Social and Medical History Taking: The Why Behind the What✓ Sexual/Drug Sharing Partner & Social Network Contact Elicitation: A Deeper Dive✓ The Anatomy of Problem Solving During STI/HIV Interviews	<ul style="list-style-type: none">• Self-Care for Disease Intervention Providers• Maintaining Personal Safety During Field Notification• Disclosure of STI/HIV Status within the Context of Self-Referral of Partners• Strengthening Cultural Humility Awareness When Working with Men Who Have Sex with Men (MSM)• Cultural Humility: An Approach to Working with People Who Use Drugs

REGISTER HERE!

Contact Us:
nationalditc.org
nnditc@ncsddc.org

Health New York Disease Intervention Training Center (DITC)

Additionally, you can access our Constant Contact Newsletter sign-up to stay connected with us and for future trainings:

<https://lp.constantcontactpages.com/su/75mL6ts>.

For more information, please visit our website <https://www.hivtrainingny.org/ditcregion1> or email: Atticus.Ranck@health.ny.gov

AI/OSHE Initiatives



Congenital Syphilis Elimination Strategic Planning Group

The first-ever New York State Congenital Syphilis Elimination Strategic Planning Group Meeting was held on March 31, 2023 with the aim of orienting the membership to the goals and deliverables of the Group. As shared in the last version, the purpose of the Planning Group is to collaboratively develop a comprehensive Congenital Syphilis Elimination Framework across New York State with representation from providers, community-based organizations, persons impacted, and the general community.

This effort stems primarily from the Office of Sexual Health and Epidemiology as a strategy towards the prevention and control of STIs and AIDS Institute's priority to stem the increasing tide of congenital syphilis.

The Planning Group has adopted the CDC's categorization of five critical [Missed Prevention Opportunities for Prevention of Congenital Syphilis](#) as the core of this group:

1. Late identification of seroconversion during pregnancy
2. No timely prenatal care and no timely syphilis testing
3. Untimely syphilis testing despite proof of timely prenatal care
4. Inadequate maternal treatment despite proof of timely syphilis diagnosis
5. Clinical evidence of congenital syphilis despite maternal treatment completion

Recommendations and strategies from the Congenital Syphilis Elimination Strategic Planning will focus on the critical missed opportunities through seven areas of focus.

Though the Congenital Syphilis Elimination Strategic Planning Group membership is closed, the membership survey will remain open for those who may be interested in working with us in the future. If you would like to indicate your interest, please complete the [Congenital Syphilis Elimination Strategic Planning Group Membership Survey](#) or use this QR code for more information on the group's mission, goals, time commitment for members, and instructions to apply.





Office of Drug User Health (ODUH)

In early 2023, with the guidance of the AIDS Institute Crystal Meth Workgroup led by Health Program Coordinator, Calvin Leveille, MHA, the Office of Drug User Health (ODUH) launched the virtual discussion series, entitled: *Crystal Meth Use in Marginalized Communities*. The objective for this discussion series was to hold space for education and awareness through intentional discussions that reflect the impact crystal meth use has had in communities that often experience societal and political marginalization, such as black Men who have Sex with Men (MSM), the Transgender and Gender Nonconforming (TGNC) community, and groups with lower socio-economic statuses. Each discussion featured subject matter experts, individuals with lived experiences, care and supportive services providers, and community stakeholders (leaders, advocates, etc.) Various themes, such as stigma, sexual health, treatment, miseducation, and more, were explored.

The first discussion session was held in February 2023; and explored how crystal meth became a silent epidemic in historically marginalized racial and ethnic groups. The featured presenters were Taylor Edelman from the National Harm Reduction Coalition and Dustin Duncan, ScD from Columbia University. The second discussion session took place in March 2023; and explored the current climate of crystal meth use in black and brown LGBTQ communities. This session featured a presentation by Perry N. Halkitis, PhD, MS, MPH from Rutgers University, and then led into an engaging discussion amongst young people with lived experiences.

Out of the 233 unique attendees at discussion session one, 96 evaluation surveys were completed, resulting in a 41.2% response rate. For discussion session two, out of the 175 unique attendees, 109 evaluation surveys were completed, resulting in a 62.3% response rate. Over 94% of all respondents rated the discussion sessions as 'Excellent' or 'Good.' Additionally, over 20% of survey respondents for each session disclosed being users of methamphetamine.

The AIDS Institute Crystal Meth Workgroup membership includes Leah Richberg (OPCA), Kraig Pannell (Office of LGBTQ Health), Debbie Quinones (MARO Executive Office), Allan Clear (ODUH), Daniel Frederick (OPER), Nkechi Oguagha (Division of HIV/STD/HCV Prevention), Joan Edwards (MARO Executive Office), Calvin Leveille (ODUH), Ebonni Cromwell-Reid (ODUH), Shu-Yin Leung (OPER), Thaddeus Price (OSHE), Shu Li (OPER), and Guy Thomas (OPER).

For findings and more information, please contact: CrystalMeth@health.ny.gov

AIDS Institute Provider Directory: STI Services

The AIDS Institute Provider Directory allows providers and consumers easier access to STI service providers across New York State. This directory is ideal for consumers who are interested in obtaining STI services and/or resources or information. If you are a provider, [register with the Provider Directory](#) if you would like to promote your services.



Questions, Feedback and More

Email us at stdc@health.ny.gov to:

- Let us know what you would like to see in an upcoming newsletter
- Inquire about sexual health education and/or clinical questions
- Request data, technical assistance
- Receive free sexual health educational materials

NYSDOH AIDS Institute Office of Sexual Health & Epidemiology

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