

welcome

OSHE is happy to bring you the second issue of the Sexual Health Review! In this newsletter, you will receive updates on: EPT, congenital syphilis, CDC grant funding, and STI Treatment Guidelines. In addition, we are excited to bring content from



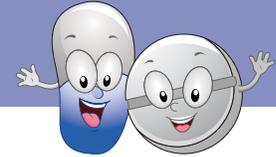
two contributors: Greene County Family Planning with an entry about their EPT promotion, and the Bureau of Women, Infant and Adolescent Health who provided information on their Sexual Violence Prevention Unit. And last, but certainly not least, we applaud Governor Hochul’s recent announcement on New York State’s agenda to affirm abortion rights. On 09/13/2021, Governor Hochul announced an agenda to affirm abortion rights and cement New York's status as a place to welcome women seeking abortion care. Sexual health equity falls under the mission and vision of OSHE, which remains committed to supporting a person’s right to choose. Reproductive equity can only be reached when persons have the fundamental right to govern their own bodies. We encourage policy makers in other states to explore further reproductive protections as has been done in New York State.

Dr. Rachel Malloy, OSHE Director

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Expedited Partner Therapy (EPT)



2021 EPT Article 6 Project

The Expedited Partner Therapy (EPT) Article 6 Performance Incentive Project is a collaboration between OSHE, the Office of Public Health, and local health departments (LHD) across New York State. The goals of the performance incentive are to increase the provision of EPT and highlight barriers that LHDs are facing when prescribing EPT and dispensing medication-in-hand. The project incentivizes participating LHDs to promote education, EPT data completion on case reports, and the provision of EPT to eligible partners.

Due to LHD time, effort, and resources shifting to the needed response to COVID-19, the EPT Article 6 project with financial incentives, that was launched in 2019, was extended into 2021.

EPT Social Media Campaign 2020

The 2020 EPT Social Media Campaign ran in the Rochester designated market area (DMA) with digital messaging to increase awareness of EPT among two priority age groups: 13-17 and 18-24.

The campaign delivered over 7.3 million impressions and nearly 14,700 clicks to the NYSDOH STI website:

<https://www.health.ny.gov/diseases/communicable/std/>

A mix of digital media types was implemented, for utmost reach of the narrow audience type, across the Rochester DMA.

It is estimated that the paid media campaign reached approximately 85% of people 13-24 in the Rochester DMA (about 150,000 individuals).

The campaign has been updated to include messaging on EPT for gonorrhea and trichomoniasis, as well as chlamydia. Given the success of the initial campaign, a second campaign was launched statewide, outside of New York City, in October 2021.

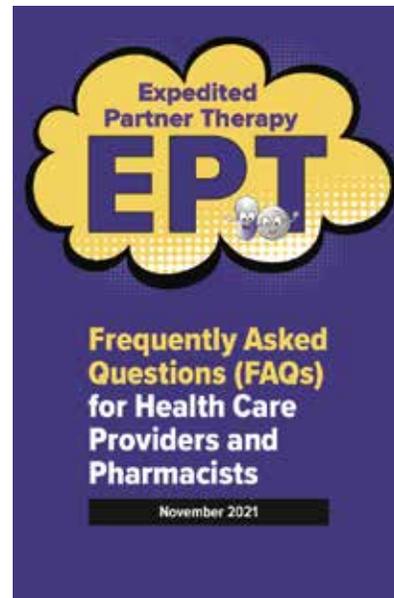


Expedited Partner Therapy FAQ

The newly released Expedited Partner Therapy Frequently Asked Questions document is available at:

<https://www.health.ny.gov/diseases/communicable/std/ept/index.htm>. (the recently EDCC-approved FAQs are being finalized and will be posted here) The FAQs document was developed to provide answers to common questions health care providers and pharmacists have about EPT, including a link to send additional questions. The FAQs have been updated to include information about EPT for gonorrhea and trichomoniasis, as well as chlamydia. The document is broken out into key question themes covering: EPT eligibility, recommended EPT treatment regimens, EPT for minors, partner(s) exposure window, prescriptions, billing and payment for EPT, and legality and liability.

NYSDOH encourages providers to be creative to make EPT as broadly available as possible, lowering the threshold for accessing this essential sexual health service.



The EPT Subcommittee

The NYSDOH EPT Subcommittee is a collaboration of NYSDOH and Local DOH field staff, management, providers, pharmacists, local health department representatives, and others across NYS including NYC.

It was formed to address and highlight barriers to EPT usage experienced by providers, pharmacists, school-based health centers, and the affected priority populations while promoting and educating about EPT as an effective intervention to reduce STI infection and reinfection across the state.

The Subcommittee develops messaging, educational/promotional materials, and media campaigns to promote awareness of, and address common perceived barriers to, using EPT.

Meetings are held monthly, via webinar. For more information or to receive a meeting invite please write: ept@health.ny.gov

DIS Workforce Grant

To improve and expand New York State's existing Disease Intervention Specialist (DIS) workforce, the Centers for Disease Control and Prevention awarded the New York State Department of Health AIDS Institute a five-year supplemental award to its existing STD Prevention and Control for Health Departments cooperative agreement housed in OSHE. The AIDS Institute is planning to use the funding to do the following through a diversity, equity, and inclusion lens:

1. **Expand the STI/HIV DIS workforce;**
2. **Modernize and optimize** partner notification processes allowing us to respond to STI and HIV increases in a timely and effective manner;
3. **Enhance programming** to prevent and eliminate congenital syphilis;
4. Support **training and skills building** for the DIS workforce; and
5. Support **educational campaigns** focused on community resilience needs.

EPT in Greene County

Contributed by Kacey Redmond, Greene County Family Planning

Greene County Family Planning is a clinic that keeps striving to provide the best and most up-to-date care for their clients. The clinic is located in a rural county that has very few points of access to healthcare. With the recent updates from the NYS Department of Health and the expansion of EPT, Greene County Family Planning can now offer another way to treat their patients and help to reduce the spread of STIs. While we have always treated Chlamydia, Gonorrhea, and Trichomoniasis for those that test positive, we can now provide their partner(s) treatment. In efforts to promote this change, the clinic advertised how easy it is to get yourself and your partner(s) treated for an STI. This video has played on various sources such as YouTube and connected TV networks like Hulu TV. On the connected TV sources, we had a 98.43% completion rate of watching the whole video. Using those sources, we then prioritized specific age groups (18+) and locations of our clients and the surrounding area of Greene County. This video campaign is important because our county has seen increasing rates of Chlamydia and Gonorrhea in the past year, so by informing the community we could bring awareness of the rates as well as the great service of EPT. In the advertisement we used staff and local youth to represent our community.

You may view the videos here:

15 second clip: <https://youtu.be/iuCJon-z7ZA>

30 second clip: <https://youtu.be/OD1qje04GhQ>



Congenital Syphilis

Health care providers play an important role in reducing congenital syphilis. Here's what you can do: [source-https://www.cdc.gov/std/syphilis/CTAproviders.htm](https://www.cdc.gov/std/syphilis/CTAproviders.htm)

Complete a Sexual History for Your Patients. Have an honest and open talk with your patients about their sexual history. STI counseling should be provided to those at risk for STIs, and contraceptive counseling should be provided to those at risk of unintended pregnancy.

The National Coalition for Sexual Health (NCSH) has launched a thought-provoking video series to help health care providers deliver the best care possible to their patients. Hear firsthand from six providers who are making sexual health a part of their daily, clinical practice.

<https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/video-series>

Test All Pregnant Persons for Syphilis. This should occur at the first prenatal visit or at the time pregnancy is confirmed. Repeat screening at 28 weeks, and at delivery, for pregnant people in areas of high prevalence and who are considered at high risk for syphilis during pregnancy (e.g., multiple sex partners, drug use, transactional sex, late entry into prenatal care or no prenatal care, meth or heroin use, incarceration themselves or of sex partners, unstable housing, or homelessness). [In NYS, Public Health Law mandates syphilis screening of pregnant persons at the time pregnancy is first identified and again upon delivery. Third trimester screening/testing for syphilis at 28 weeks of pregnancy for all pregnant persons, or as soon thereafter as reasonably possible but no later than at 32 weeks of pregnancy, is highly recommended to avert congenital syphilis. This is a requirement in New York City per Section 11.33 of the New York City Health Code.]

Treat Individuals with Syphilis Immediately. If an individual has syphilis or suspected syphilis, treat them immediately with long-acting penicillin G, especially if they are pregnant, according to CDC's STI Treatment Guidelines. Test and treat the infected individual's sex partner(s) to avoid reinfection. If you have challenges obtaining penicillin G, contact your state or local health department.

Confirm Syphilis Testing at Delivery. Before discharging the birthing parent or infant from the hospital, make sure they have been tested for syphilis at least once during pregnancy or at delivery. If they test positive, manage the infant appropriately. All individuals who deliver a stillborn infant should be tested for syphilis.

Quickly Report All Cases of Syphilis and CS. Report cases of syphilis by stage to the local or state health department right away; CS cases should be reported within 24 hours.

¹ NYS Public Health Law, Article 23 Section §2308; New York Code of Rules and Regulations, Title 10, §69-2.2

² https://www.health.ny.gov/diseases/communicable/std/docs/health_advisory_syphilis.pdf

³ <https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-congenital-syphilis.pdf>

STI Treatment Updates

The Centers for Disease Control and Prevention (CDC) has issued the 2021 Sexually Transmitted Infections (STI) Treatment Guidelines:

<https://www.cdc.gov/std/treatment-guidelines/default.htm>

Additional resources are available at:

New York City Prevention Training Center (NYCPTC):

https://nycptc.org/e_learning.html

The publication provides current evidence-based prevention, diagnostic, and treatment recommendations that replace the 2015 guidance. The recommendations are intended to be a source for clinical guidance. Health care providers should always assess patients based on their clinical circumstances and local burden.

Sexual Health Clinical Updates Webinar Series:

2/02 Part 1: Highlights from the 2021 CDC STI Treatment Guidelines

3/02 Part 2: Syphilis

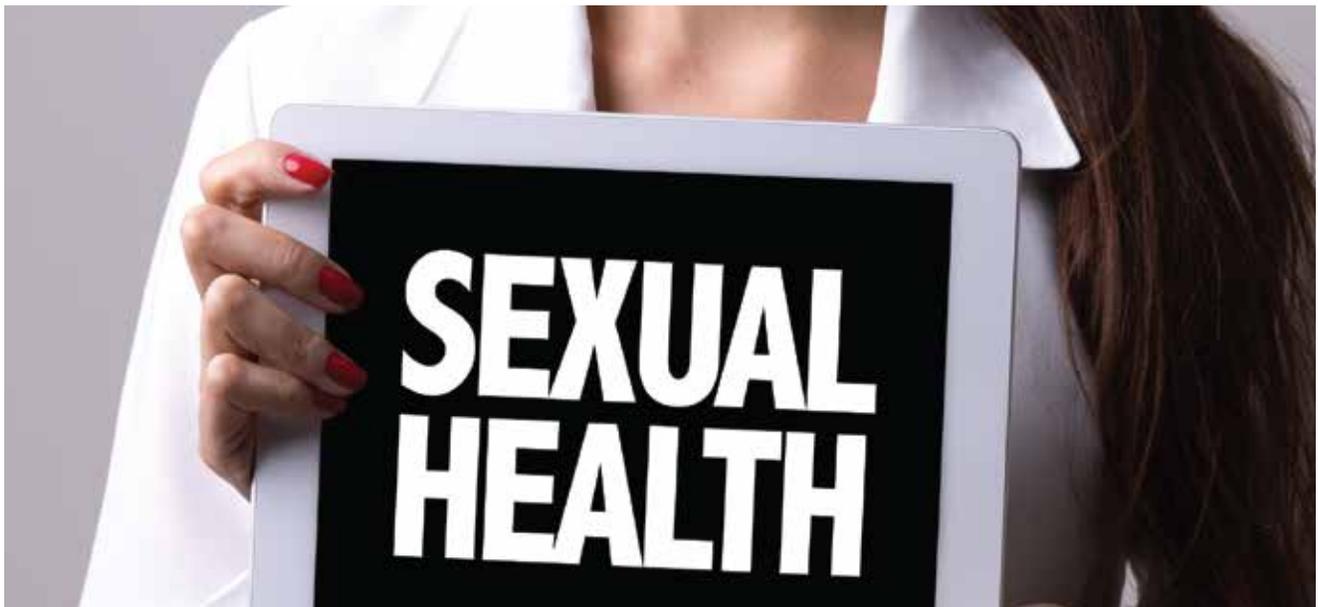
4/06 Part 3: Sexual Health-Focus on Sexual Violence

For information and registration Events (ceitraining.org)

CEI's Best of ACTHIV 2021: What's New in Sexually Transmitted Infections:

https://ceitraining.org/courses/course_detail.cfm?medialD=1065#.YXq52p7MJaR

CEI Sexual Health Center of Excellence will be producing and distributing updated treatment cards that align with these guidelines. For more information, please write to: stdc@health.ny.gov



NYSDOH Sexual Violence Prevention Unit (SVPU)

Contributed by the Bureau of Women, Infant and Adolescent Health

The Sexual Violence Prevention Unit's (SVPU) mission is to improve societal response to sexual violence and promote primary prevention strategies that reduce the incidence of victimization from rape or sexual assault in New York State. The SVPU is comprised of three programs designed to accomplish this mission: The Rape Prevention and Education (RPE) Program; the Sexual Assault Forensic Examiner (SAFE) Program; and the Rape Crisis (RC) Program.



The RPE Program's goal is stop sexual violence before it occurs by working with communities to create safer spaces in schools and nightlife establishments where safety is the norm and sexual violence is not tolerated. The RPE program utilizes a public health approach to build community capacity, create supportive policies, physical environments, and community messaging that encourage a culture of consent, and provides skill training to individuals to be active bystanders to stop problematic behaviors before they escalate. The RPE program is currently being implemented in 17 counties across NYS including: Nassau, Suffolk, Bronx, New York, Kings, Queens, Westchester, Orange, Dutchess, Albany, Schenectady, Oneida, Onondaga, Broome, Monroe, Erie, and Niagara.

The SAFE and RC programs work together to ensure that when violence does occur, victims and survivors receive comprehensive and trauma-informed services they need to heal. The SAFE program certifies hospitals and medical professionals to administer comprehensive medical services to victims and survivors including forensic exams, pregnancy prevention, and STI treatment and prevention. There are currently 48 SAFE hospitals and about 450 certified examiners throughout NYS. The RC Program certifies agencies and counselors to provide 24-hour crisis support for victims/survivors and their families, including emotional support, in-person and phone advocacy, informational support, and referrals. There are currently 53 RC programs throughout NYS, with at least one providing services in every county.

For more on the programs in your county, visit the NYSDOH website at:

https://www.health.ny.gov/prevention/sexual_violence/.

To learn about the NYS Sexual Assault Victim Bill of Rights, visit:

<https://www.health.ny.gov/publications/1934.pdf>. If you or someone you know has been a victim of sexual violence, confidential support is available 24/7 at the NYS

Domestic and Sexual Violence Hotline: Call 800-942-6906 or Text 844-997-2121.

Ask OSHE!

We welcome you to reach out to us at: stdc@health.ny.gov with any questions, requests for data, need for technical assistance, and to order free sexual health educational materials.

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**Department
of Health**