

Health & Community Services Department



Promoting Health For All

The STD Problem in Kalamazoo County: Status Update, Education, and Future Directions

October 22, 2015

Today's Agenda

7:30 – Registration

8:00 – Welcome

Dr. Douglas Homnick, MD, MPH, Medical Director – KCHCS

8:10 – Trends in Sexually Transmitted Diseases: Kalamazoo County, Michigan

Yasaman Back, MS, Epidemiologist – KCHCS

8:30 – Increasing STI Screening Rates at the Family Health Center of Kalamazoo

Dr. Dennis Means, MD, MMM, Chief Medical Officer – Family Health Center

8:45 – School-based Testing Initiative and Results

Amy Peterson, STD Program Specialist – MDHHS

9:00 – KCHCS STD Toolkit

Kristen Wehling, MPH, STD Health Coordinator – KCHCS

Cori Dupay, RN, BSN, Public Health Nurse – KCHCS

9:30 – Q&A/Group Discussion

To obtain CME credits, please log on to: <http://med.wmich.edu/education/cme>

Activity Code: 26053



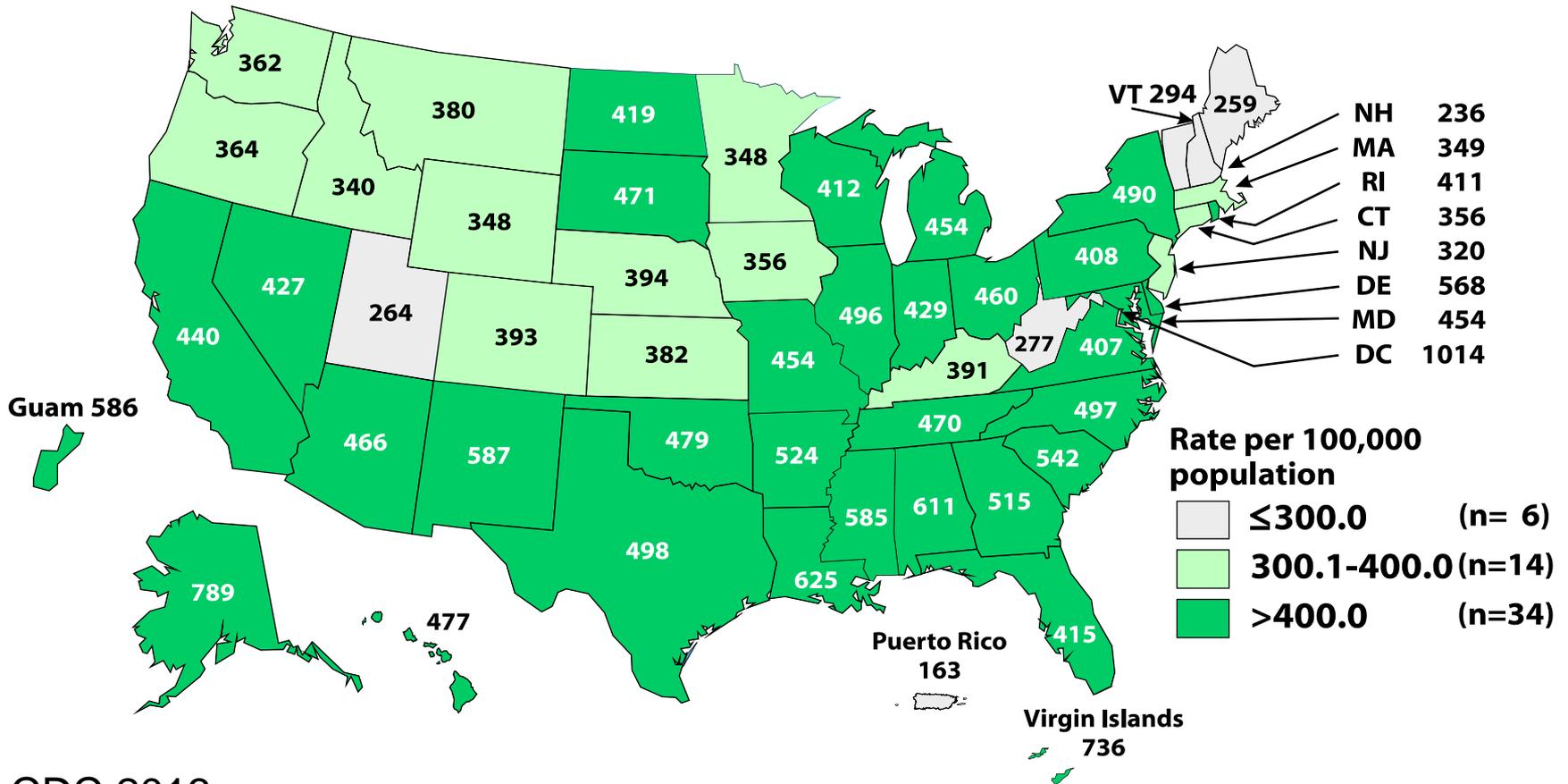
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No one involved in the planning or presentation of this activity has any relevant financial relationship to disclose.



Chlamydia Rates

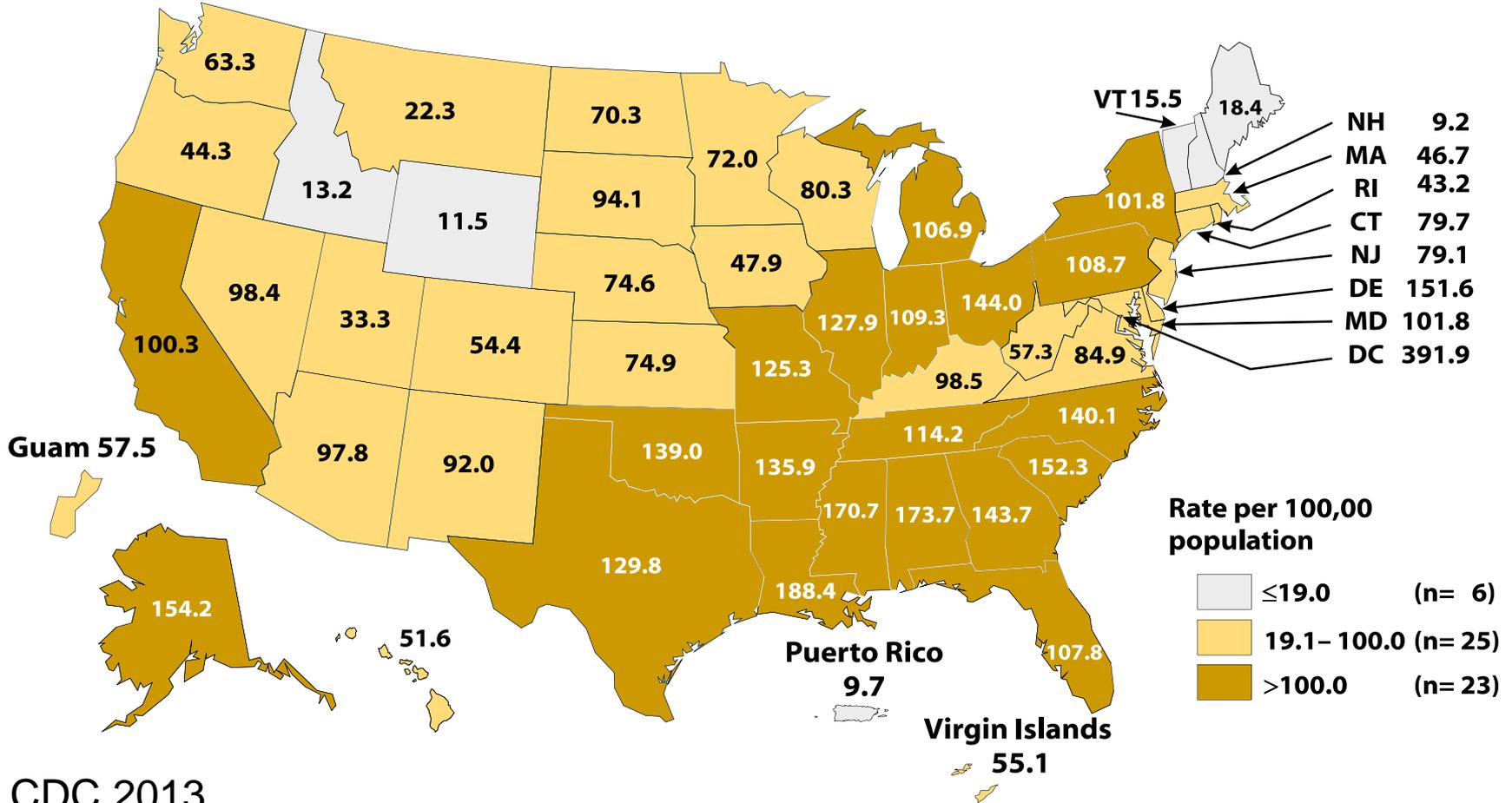


CDC 2013



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Gonorrhea Rates



CDC 2013



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Trends in Sexually Transmitted Diseases

Kalamazoo County, Michigan

Yasaman Back, M.S.



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2015: REPORTABLE DISEASES IN MICHIGAN – BY PATHOGEN

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours (unless otherwise noted) if the agent is identified by clinical diagnosis, direct examination, culture, serology, molecular techniques or histopathology.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

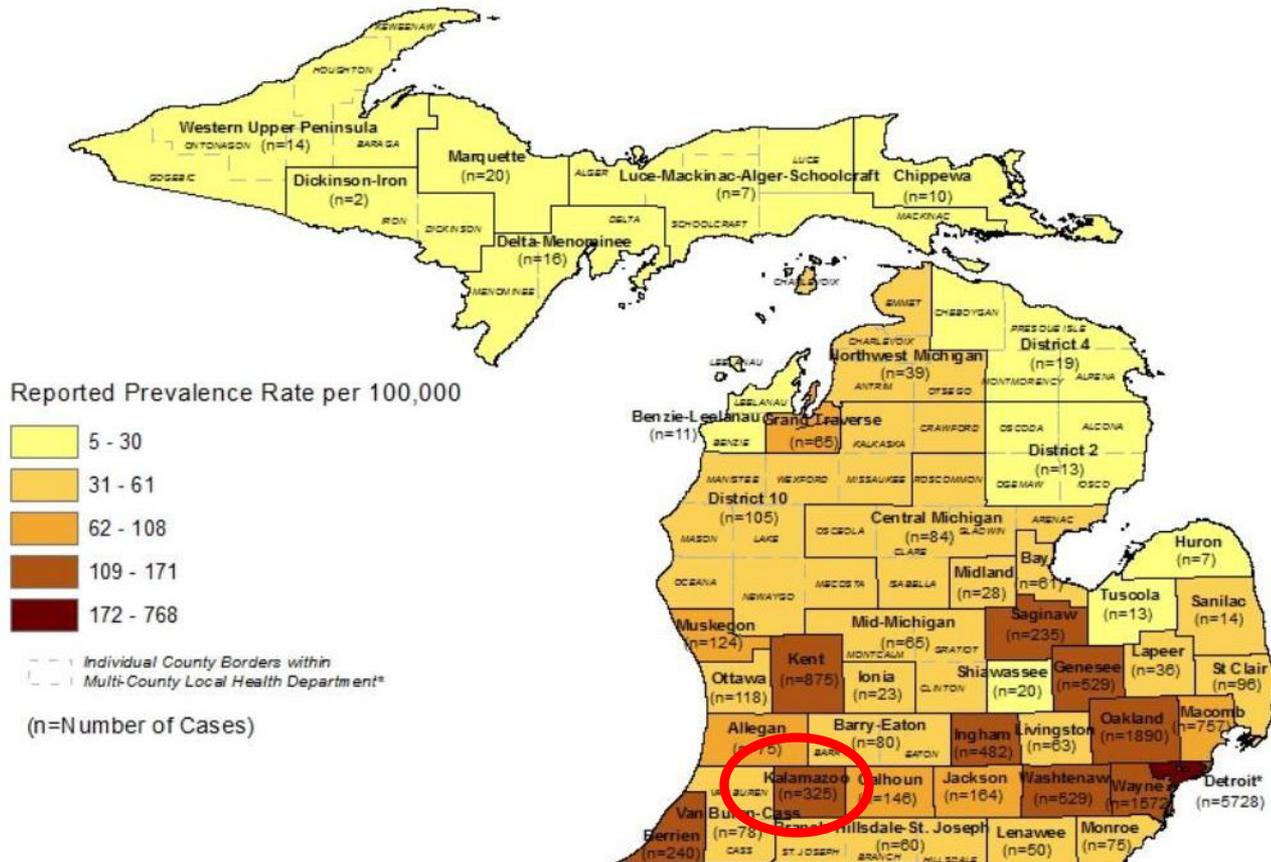
Anaplasma phagocytophilum (Anaplasmosis)	Kawasaki Disease (1)
Arboviral encephalitis, neuro- and non-neuroinvasive: California serogroup, Chikungunya, Eastern Equine, Powassan, St. Louis, Western Equine, West Nile	Legionella species (Legionellosis)
Babesia microti (Babesiosis)	Leptospira species (Leptospirosis)
Bacillus anthracis (Anthrax)	Listeria monocytogenes (Listeriosis)
Blastomyces dermatitidis (Blastomycosis)	Measles virus (Measles/Rubeola)
Bordetella pertussis (Pertussis)	Meningitis: bacterial, viral, fungal, and parasitic
Borrelia burgdorferi (Lyme Disease)	Mumps virus
Brucella species (Brucellosis)	Mycobacterium leprae (Leprosy or Hansen's Disease)
Burkholderia mallei (Glanders)	Mycobacterium tuberculosis complex (Tuberculosis) (5)
Burkholderia pseudomallei (Melioidosis)	Neisseria gonorrhoeae (Gonorrhea) (3)
Campylobacter species (Campylobacteriosis)	Neisseria meningitidis, sterile sites (Meningococcal Disease)
Chlamydia trachomatis (Trachoma, Genital infections, LGV) (3)	Orthopox viruses (including: Smallpox, Monkeypox)
Chlamydia psittaci (Psittacosis)	Plasmodium species (Malaria)
Clostridium botulinum (Botulism)	Poliovirus
Clostridium tetani (Tetanus)	Prion disease (Including: CJD)
Coccidioides immitis (Coccidioidomycosis)	Rabies virus
Coronavirus (SARS, MERS-CoV)	Rheumatic fever (1)
Corynebacterium diphtheriae (Diphtheria)	Rickettsia species (Spotted Fever and Typhus Group)
Coxiella burnetii (Q Fever)	Rubella virus
Cryptosporidium species (Cryptosporidiosis)	Salmonella species (Salmonellosis)
Cyclospora species (Cyclosporiasis)	Salmonella typhi (Typhoid Fever)
Dengue virus	Shigella species (Shigellosis)
Ehrlichia species (Ehrlichiosis)	Staphylococcus aureus, (MRSA), outbreaks only
Encephalitis, viral or unspecified	Staphylococcus aureus, vancomycin intermediate/ resistant (VISA/VRSA)
Entamoeba histolytica (Amebiasis)	Streptococcus pneumoniae, sterile sites
Escherichia coli, O157:H7 and all other shiga toxin positive serotypes (4)	Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Francisella tularensis (Tularemia)	Toxic Shock Syndrome (non-Streptococcal) (1)
Giardia species (Giardiasis)	Treponema pallidum (Syphilis)
Guillain-Barre Syndrome (1)	Trichinella spiralis (Trichinellosis)
Haemophilus ducreyi (Chancroid)	Varicella virus (Chickenpox)
Haemophilus influenzae, sterile sites only; submit isolates for serotyping for patients <15 years of age	Vibrio cholera (Cholera)
Hantavirus	Vibriosis (Non-Cholera species)
Hemolytic Uremic Syndrome (HUS)	Viral Hemorrhagic Fever
Hepatitis, viral:	Yellow fever virus
Hepatitis A virus, (Anti-HAV IgM)	Yersinia enterocolitica (Yersiniosis)
Hepatitis B virus, (HBsAg, HBeAg, anti-HBc IgM, HBV DNA Nucleic Acid Tests (PCR), HBV genotype), especially in pregnant women	Yersinia pestis (Plague)
Hepatitis C virus, (Anti-HCV, HCV RNA Nucleic Acid Tests (PCR), HCV genotype)	
Hepatitis D virus, (HDsAg, anti-HDV IgM)	
Hepatitis E virus, (Anti-HEV IgM)	
Histoplasma capsulatum (Histoplasmosis)	
HIV, (Tests indicative of HIV infection including reactive immunoassays (e.g. WB, EIA, IA), detection tests (e.g. VL, NAAT, p24), CD4 counts/percents, genotypes, and all tests related to perinatal exposures) (2)	
Influenza virus (Weekly aggregate counts) Pediatric mortality, report individual cases Novel Influenza viruses, report individual cases	

LEGEND

- (1) Reporting within 3 days is required.
 - (2) Reporting within 7 days is required.
 - (3) Sexually transmitted infections for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
 - (4) An isolate, if available, or the non-culture positive broth and/or stool specimen must be submitted to MDHHS laboratory
 - (5) All preliminary tuberculosis test results are to be reported to appropriate local health department and isolates submitted to MDHHS laboratory.
- Blue Bold Text = An isolate, diagnostic specimen, or serum sample, where appropriate, must be submitted to MDHHS or other laboratory designated by MDHHS.

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

HIV Prevalence by Residence at Diagnosis, 2014



	# New HIV Diagnoses	# Reported Cases	# Estimated Cases	Reported Prevalence Rate per 100,000
Michigan	814	16,190	18,800	163
Kalamazoo Co.	20	342	400	132

Source: Michigan Department of Health and Human Services, Annual HIV Surveillance Analysis, July 2015

STD Incidence Rates per 100,000

(2015 YTD)

	Chlamydia	Gonorrhea	Syphilis
Michigan	360	82	10.1
Region 5	408	97	4.5
Kalamazoo Co.	650	218	9.6

Source: Michigan Disease Surveillance System, 10/1/2015



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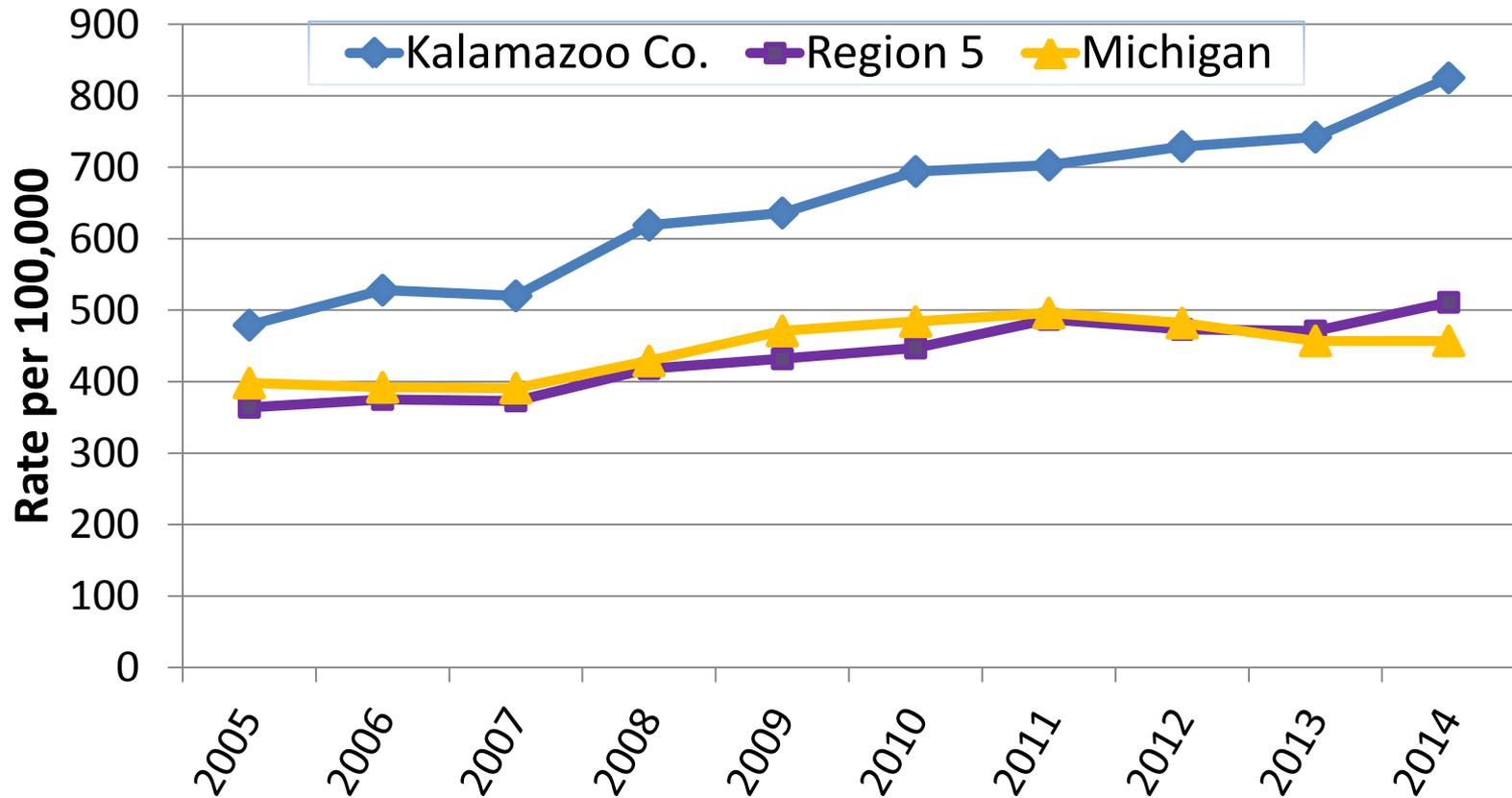
Chlamydia Rankings by LHD

Local Health Dept. (LHD)	Rate * 2004-2008	Rate * 2009-2013	Rate * 2014	# Cases 2014	Ranking by 2014 Rate
Michigan	484.3	490.7	452.5	44,843	-
City of Detroit HD	1,932.20	2,216.70	1,481.80	10,028	1
Kalamazoo County HCSD	715.4	691.5	791.3	2,048	2
Muskegon County HD	737.6	746.7	719.5	1,240	3
Genesee County HD	688	717.1	708.4	2,925	4
Ingham County HD	661.6	662.8	606.5	1,726	5
Kent County HD	576.1	562	582.3	3,664	6
Washtenaw County HD	392.9	385.9	402.4	1,436	7
Wayne County HD	340	346.3	393.9	4,286	8
Oakland County HD	300.5	297.6	289.9	3,589	9
Macomb County HD	275.7	271.3	280.7	2,414	10
All Other Local HDs	214.7	266.4	292.1	11,487	-

*Per 100,000

Source: [Michigan Department of Health & Human Services](#)

Chlamydia Rates (per 100,000)



Source: Michigan Disease Surveillance System



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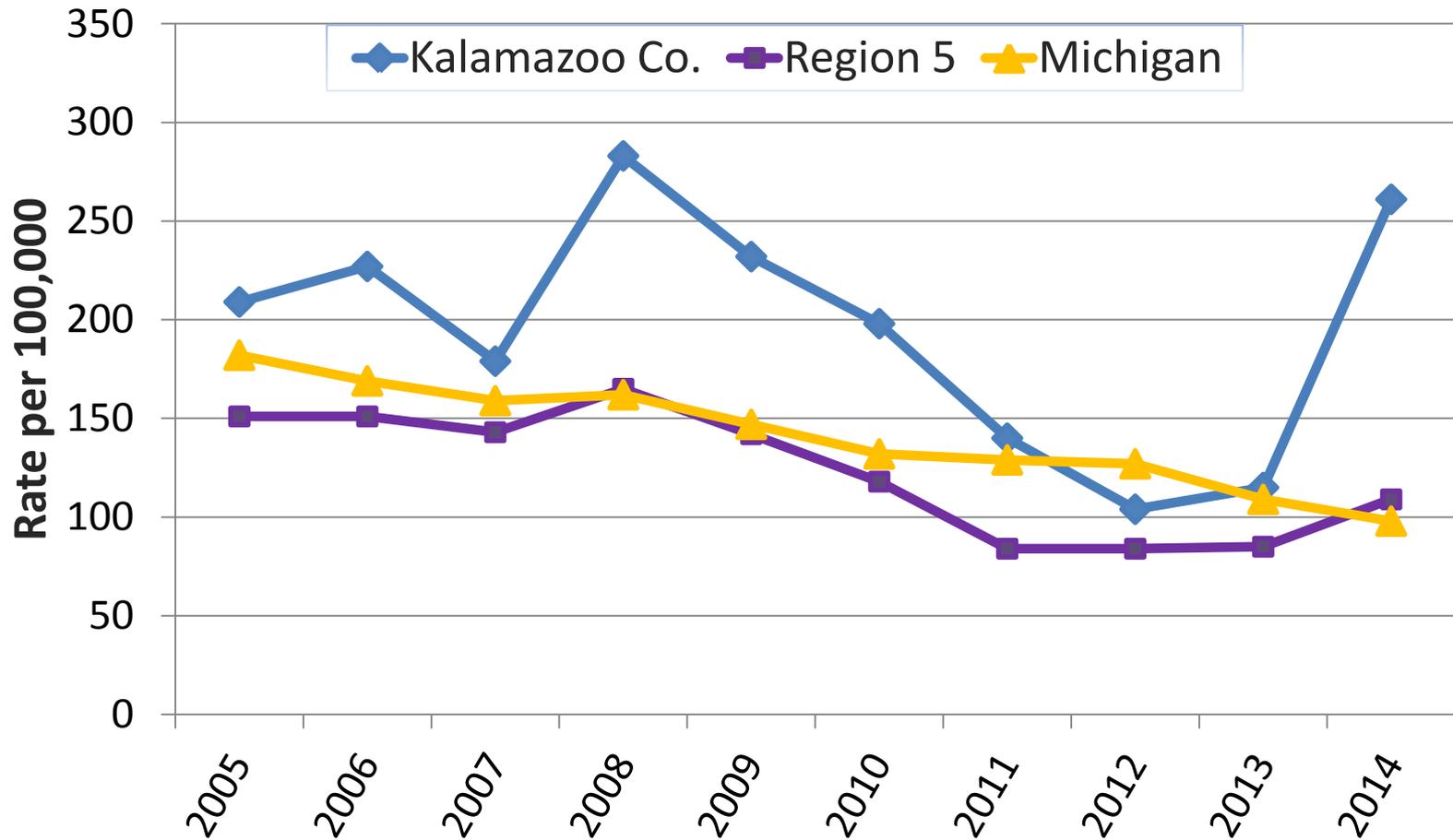
Gonorrhea Rankings by LHD

Local Health Dept. (LHD)	Rate* 2004-2008	Rate* 2009-2013	Rate* 2014	# Cases 2014	Ranking by 2014 Rate
Michigan	131.5	133.2	97.5	9,666	-
City of Detroit HD	763.5	875.9	470.1	3,181	1
Kalamazoo County HCSD	160.9	155.5	255	660	2
Genesee County HD	223.1	232.5	184.8	763	3
Saginaw County HD	121.1	125	172.3	336	4
Muskegon County HD	164.8	166.9	153.8	265	5
Ingham County HD	139.9	140.2	144.4	411	6
Kent County HD	121.9	118.9	137	862	7
Wayne County HD	81.9	83.4	82.9	902	8
Macomb County HD	64.7	63.7	55.8	480	9
Oakland County HD	78.7	77.9	49.6	614	10
All other local HDs	55.9	38.4	29.1	1,192	-

*Per 100,000

Source: [Michigan Department of Health & Human Services](#)

Gonorrhea Rates (per 100,000)

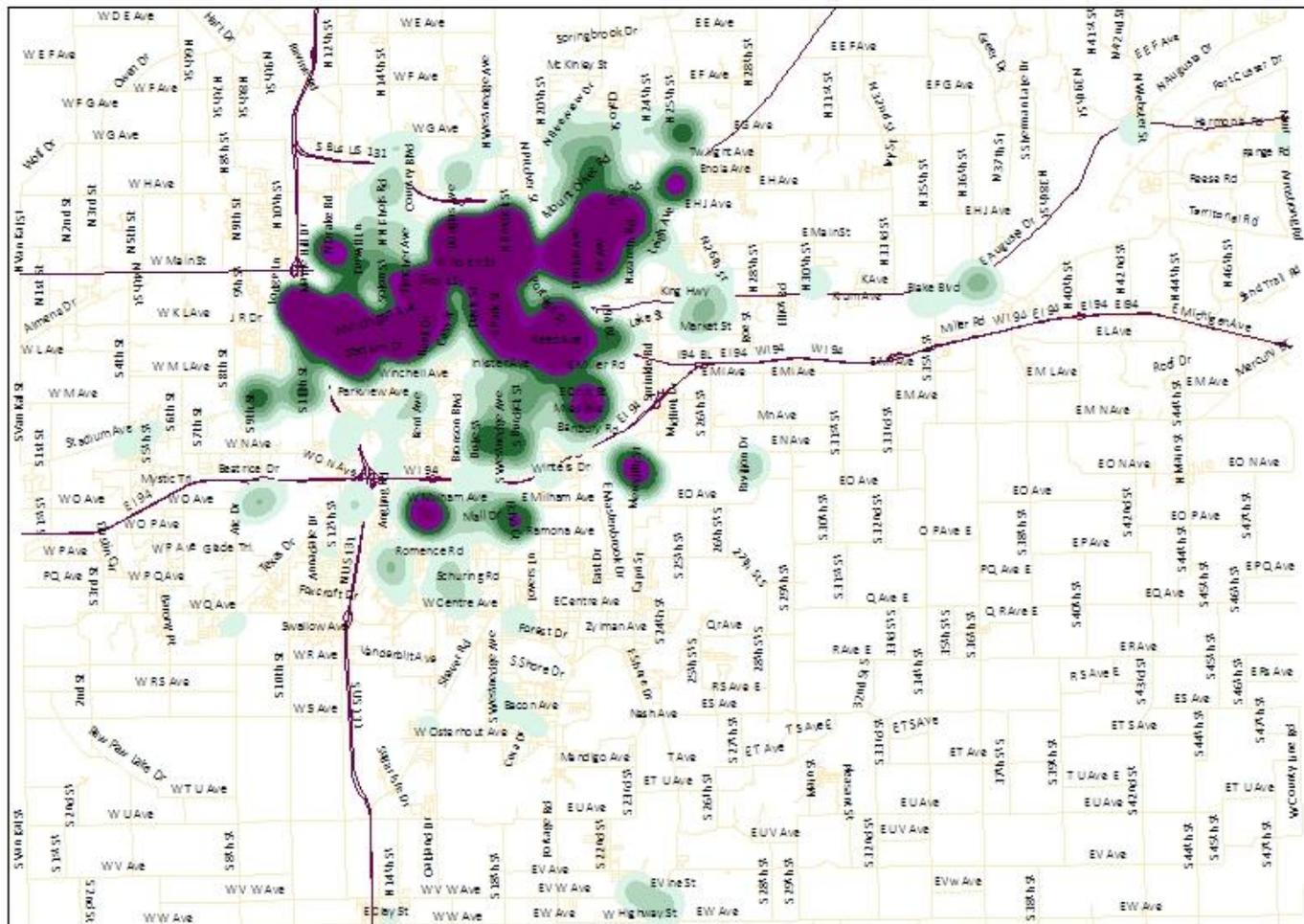


Source: Michigan Disease Surveillance System



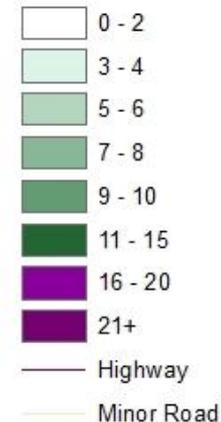
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Density of Cases* of Chlamydia in 2012 Kalamazoo County, MI

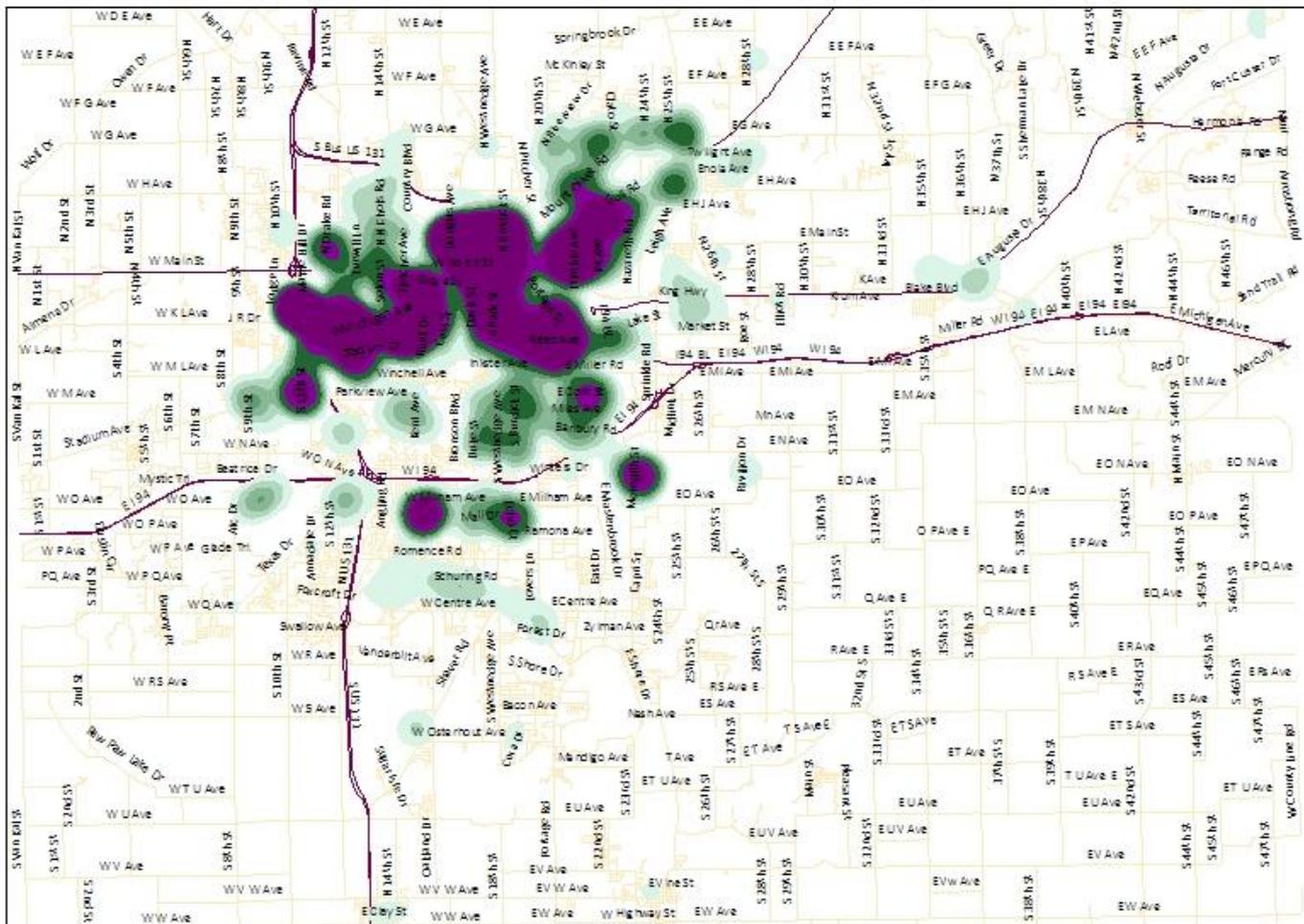


*Density of cases were estimated using geocoded data from Michigan Disease Surveillance System. Cases represent positive tests, not individuals.

Density Of Cases (estimated # of cases per km)

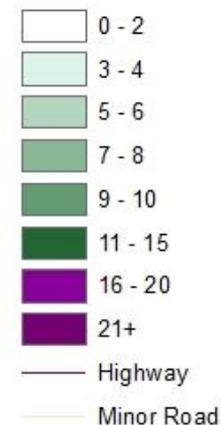


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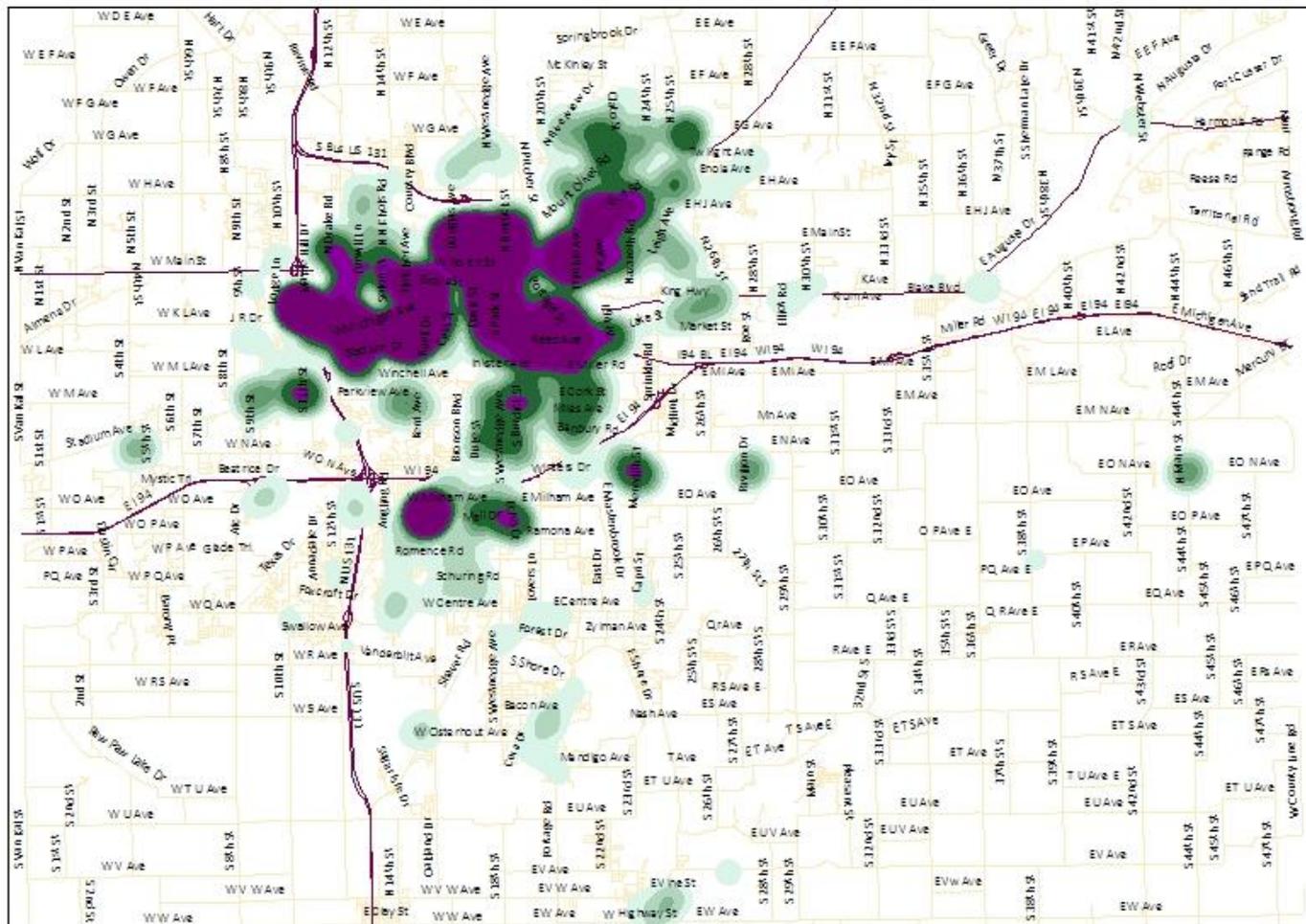


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(estimated # of cases per km)

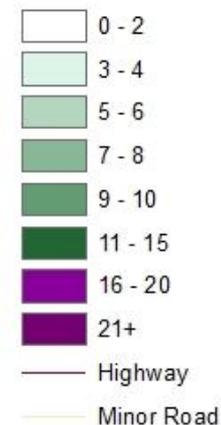


Density of Cases* of Chlamydia in 2014 Kalamazoo County, MI



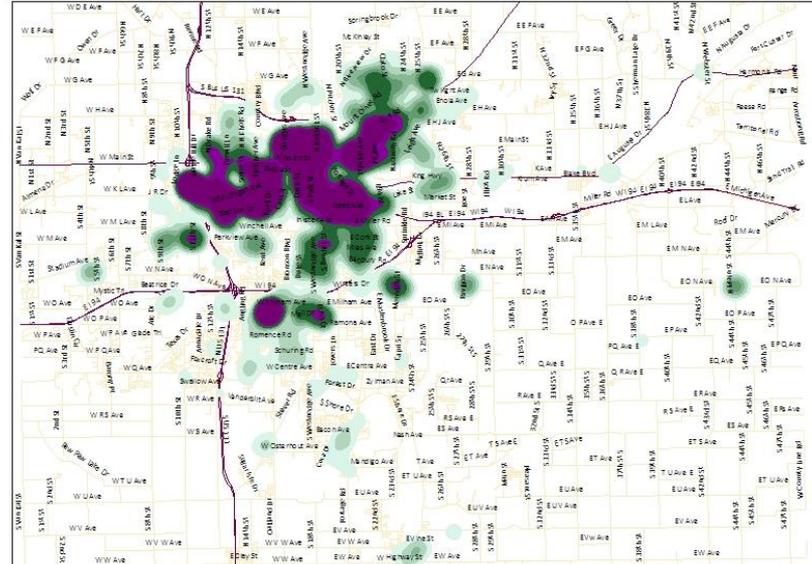
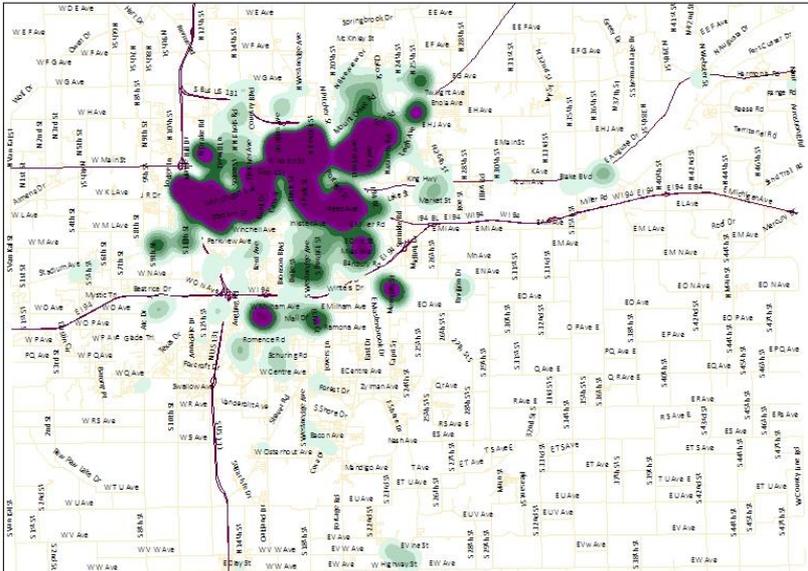
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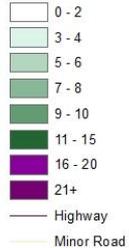
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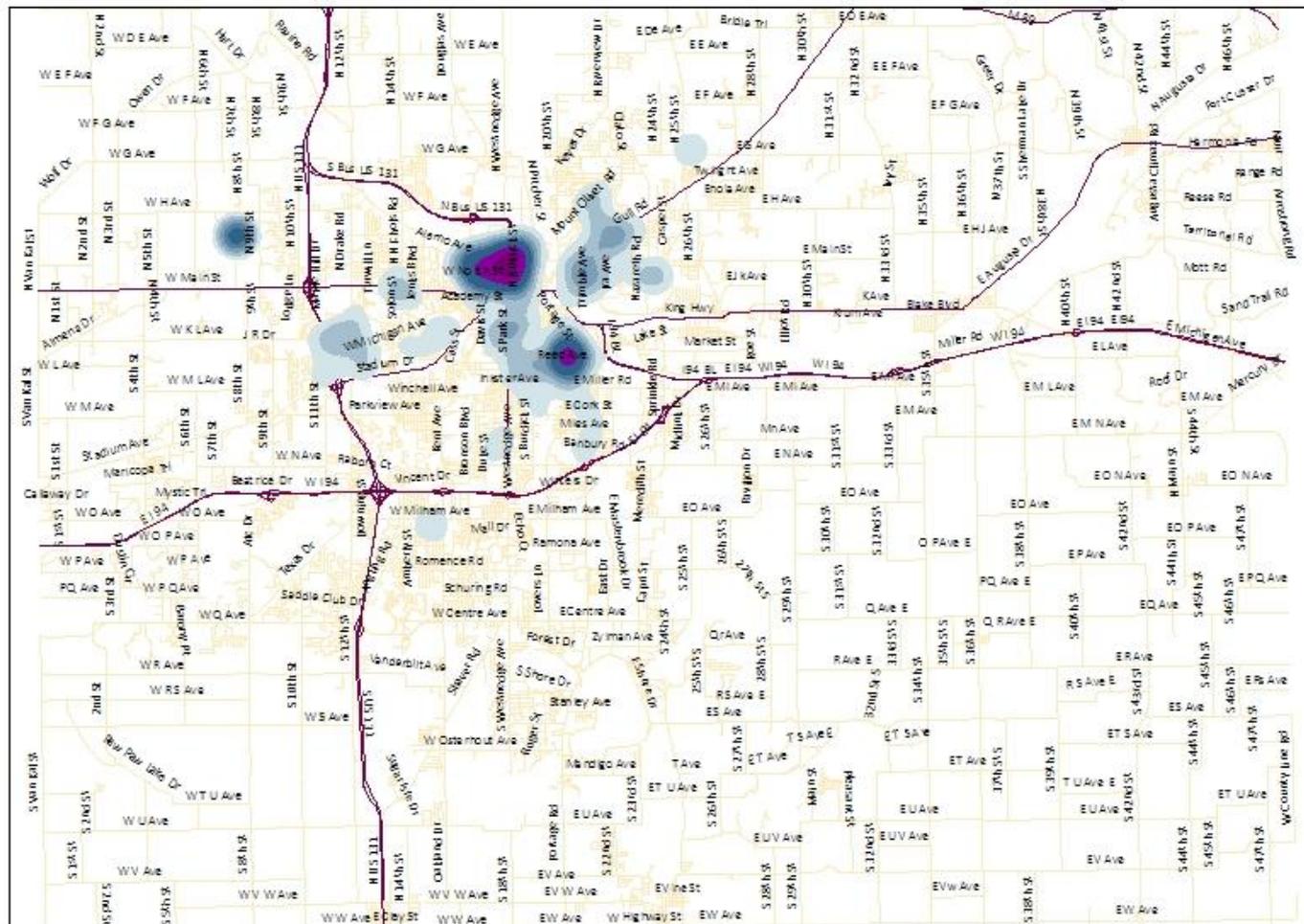
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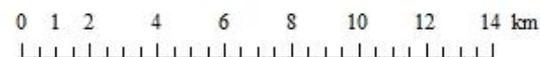
Density of Cases* of Gonorrhea in 2012 Kalamazoo County, MI



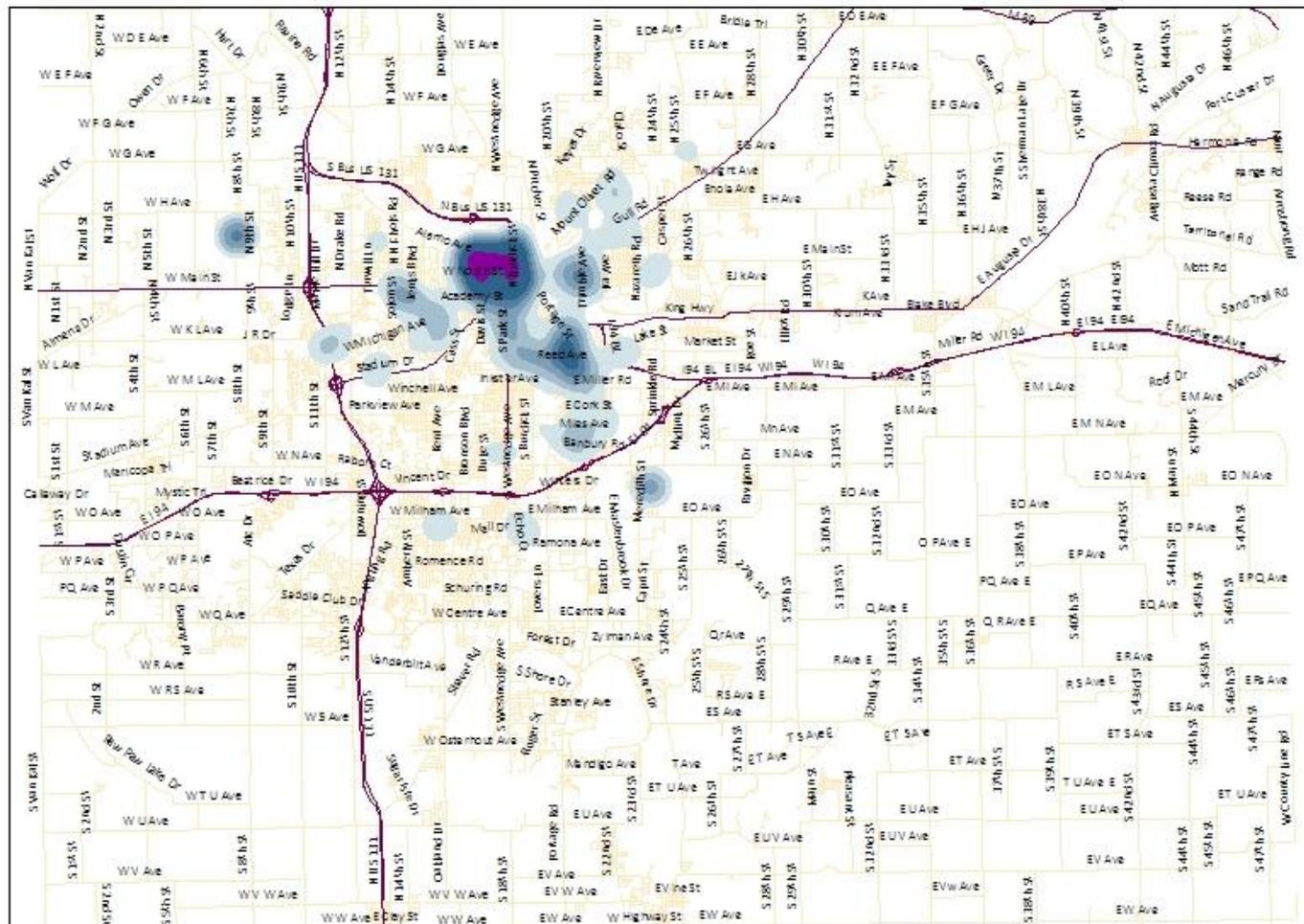
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Density Of Cases
(estimated # of cases per km)

- 0 - 2
- 3 - 4
- 5 - 6
- 7 - 8
- 9 - 10
- 11 - 15
- 16 - 20
- 21+
- Highway
- Minor Road



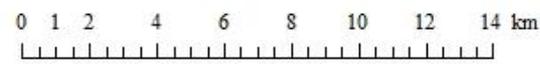
Density of Cases* of Gonorrhea in 2013 Kalamazoo County, MI



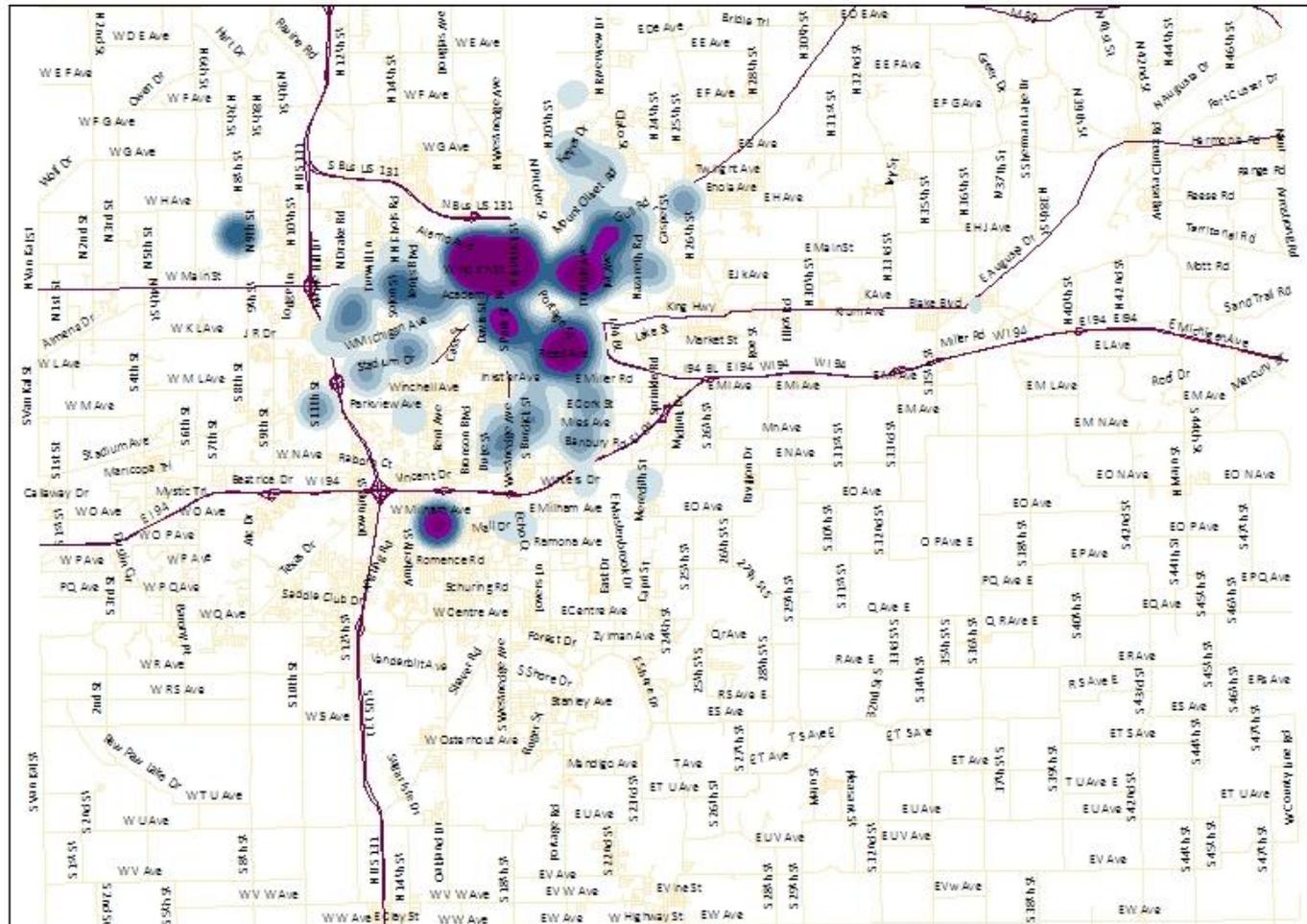
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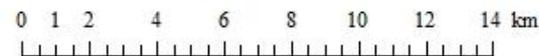
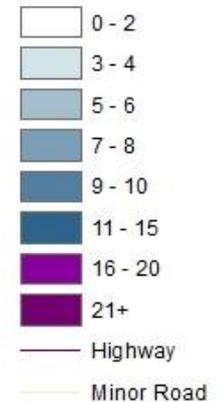


Density of Cases* of Gonorrhea in 2014 Kalamazoo County, MI



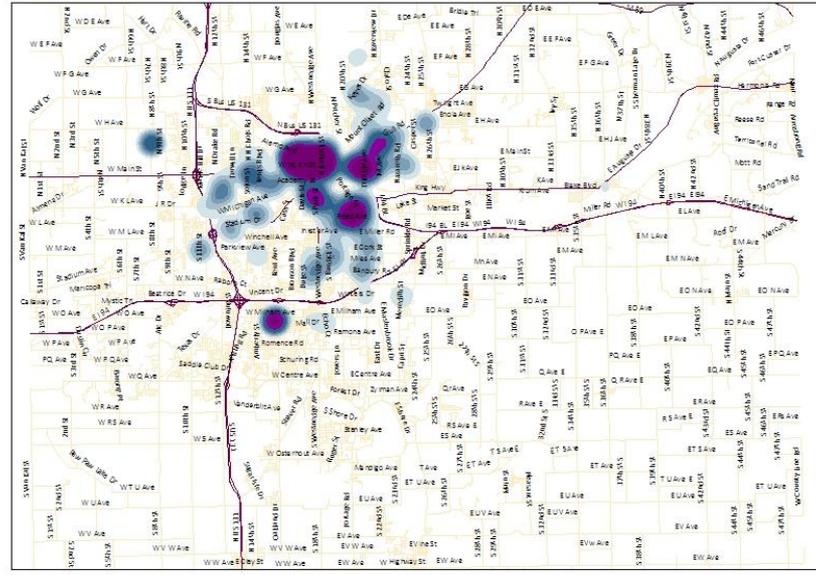
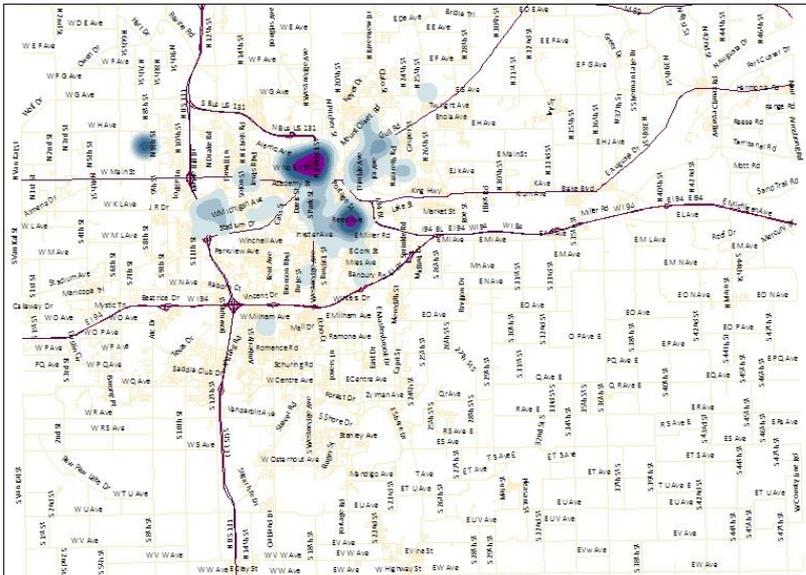
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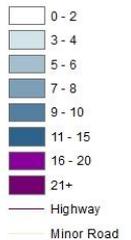
Density of Cases* of Gonorrhea in 2012
Kalamazoo County, MI

Density of Cases* of Gonorrhea in 2014
Kalamazoo County, MI



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Density Of Cases
 (estimated # of cases per km)



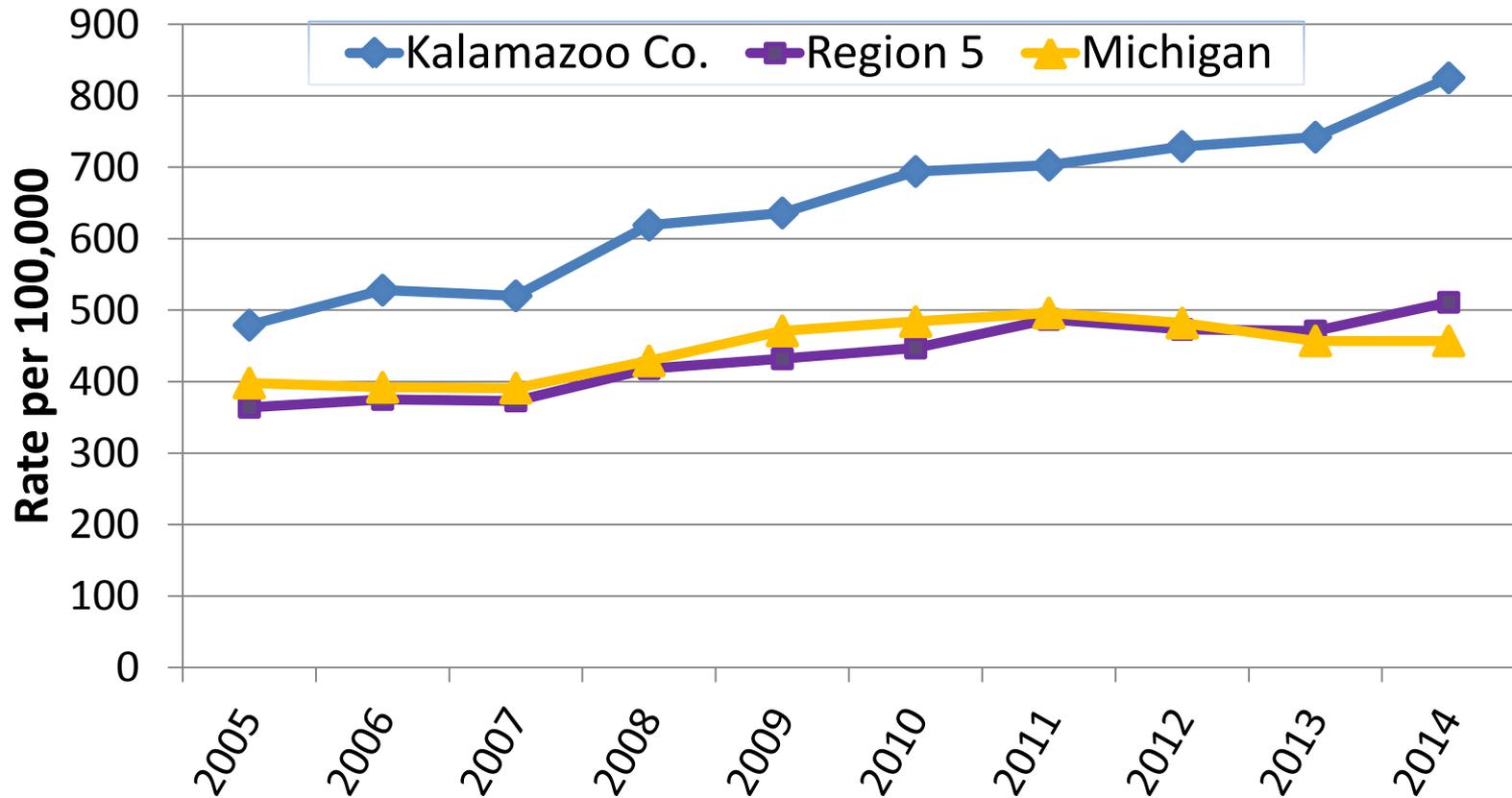
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Chlamydia Rates (per 100,000)



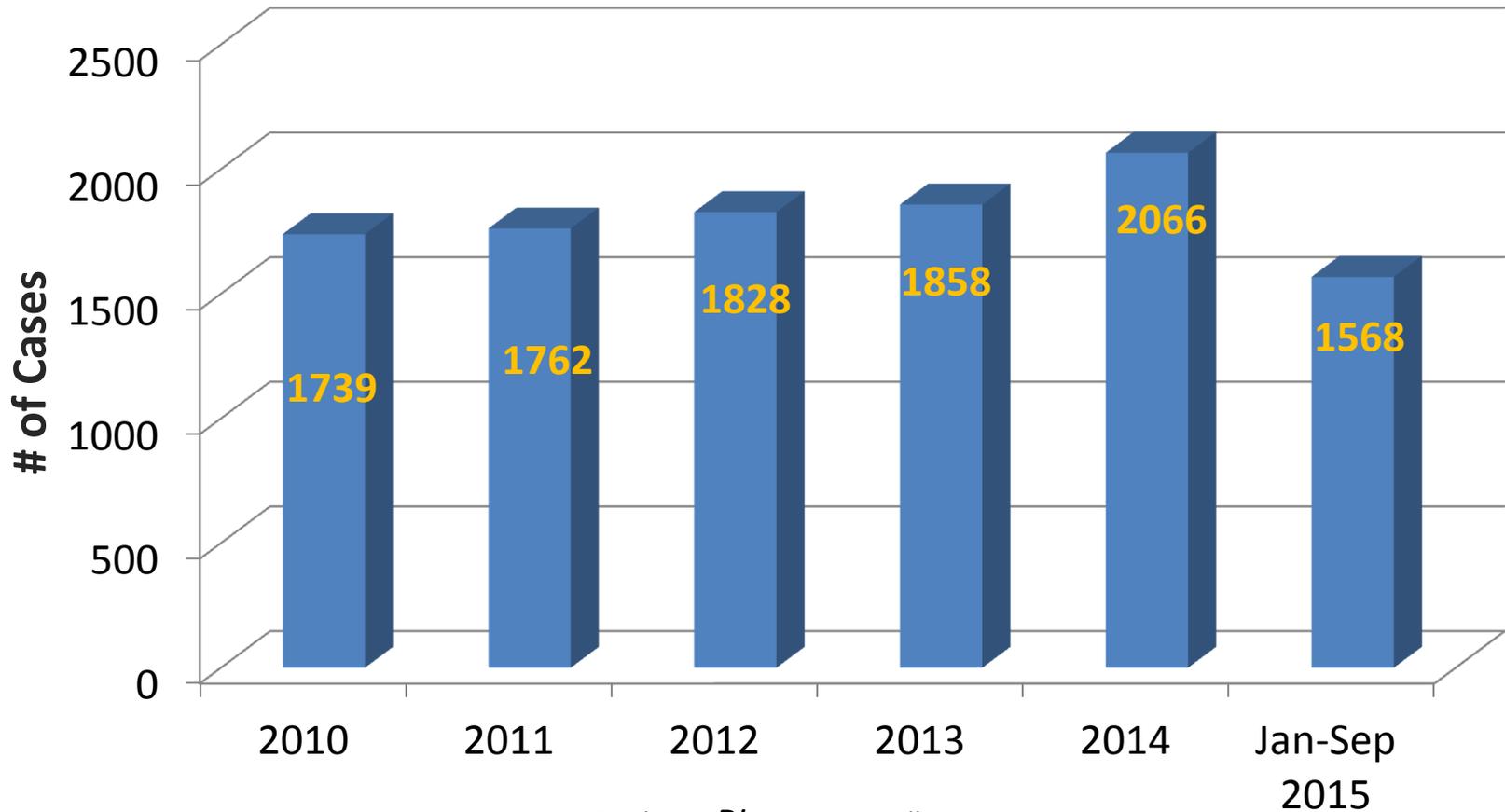
Source: Michigan Disease Surveillance System



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Total Diagnosed Cases of Chlamydia

Kalamazoo County, MI



Source: Michigan Disease Surveillance System

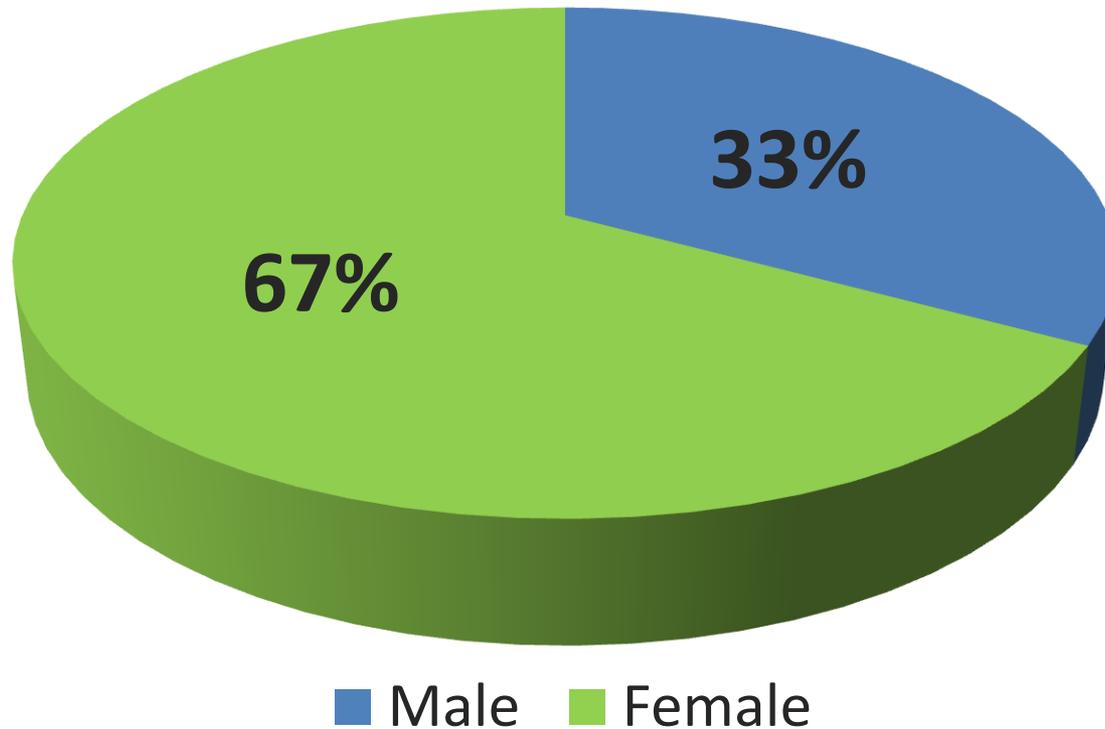


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Chlamydia Diagnoses by Gender

Kalamazoo County, 2014



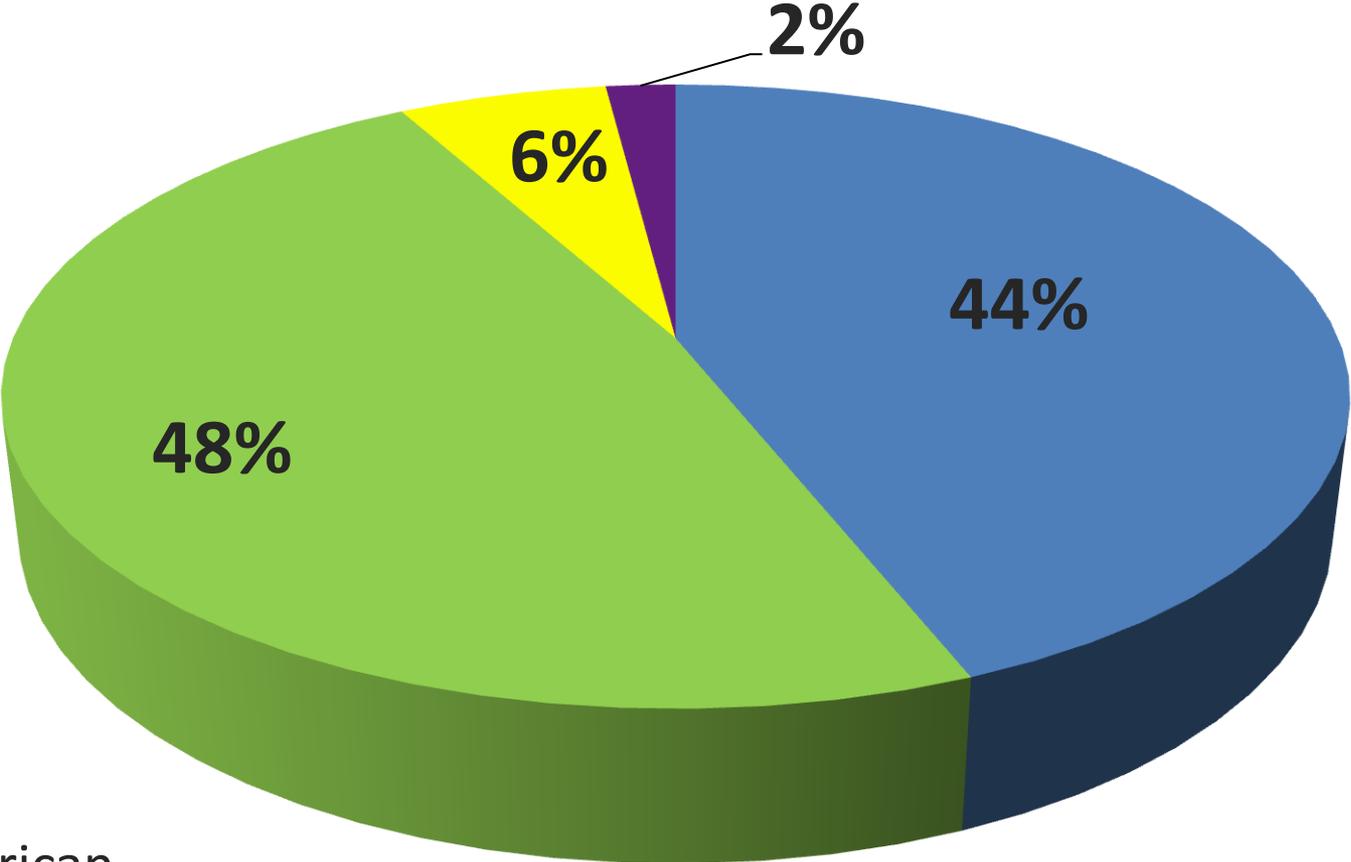
Source: Michigan Disease Surveillance System



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Chlamydia Diagnoses by Race

Kalamazoo County, 2014



- Caucasian
- African American
- Other
- Unknown

Source: Michigan Disease Surveillance System

Chlamydia Diagnoses by Gender & Age

Kalamazoo County, 2014

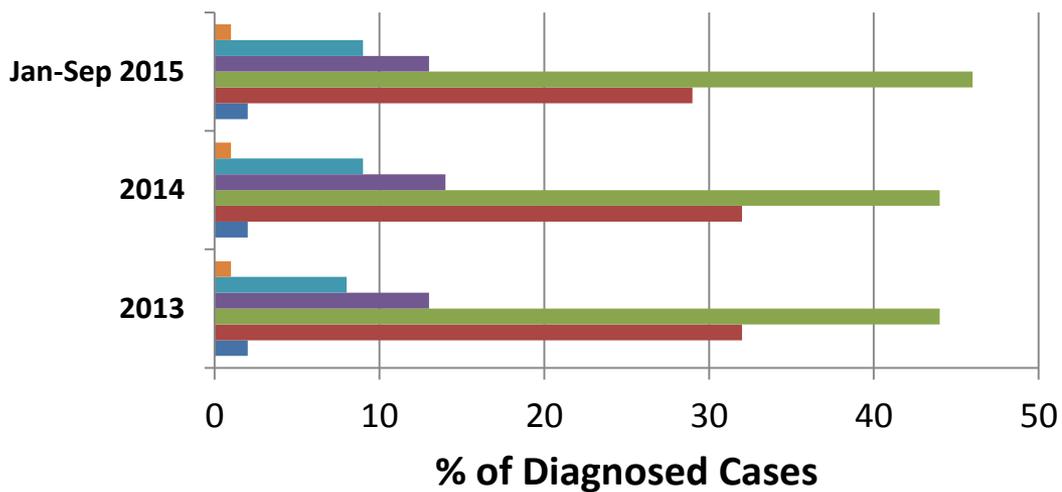
- 27% of cases between 15-19 yrs of age
- 44% of cases between 20-24 yrs of age
- Avg. female age: 23
- Avg. male age: 25



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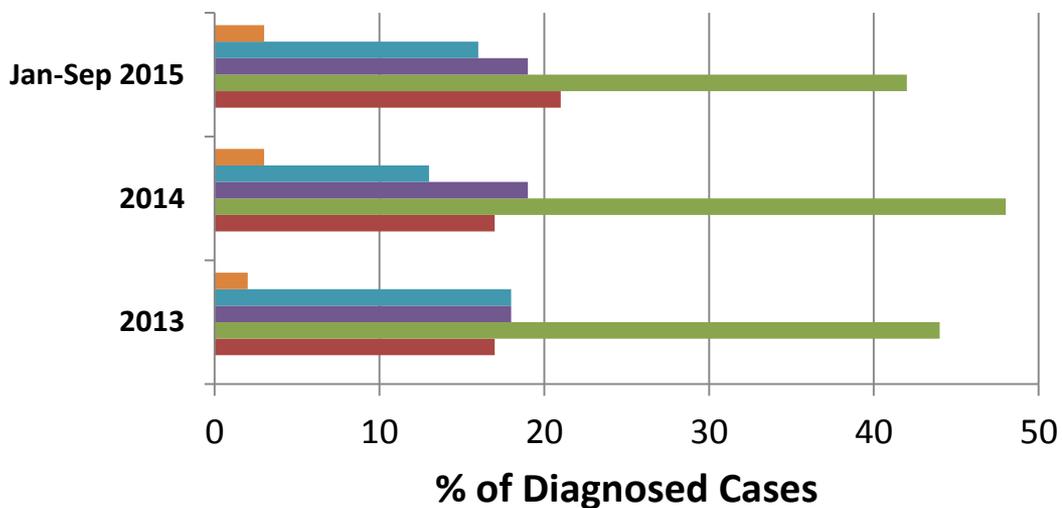
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Chlamydia Diagnoses by **Female** Gender & Age (Kalamazoo Co.)



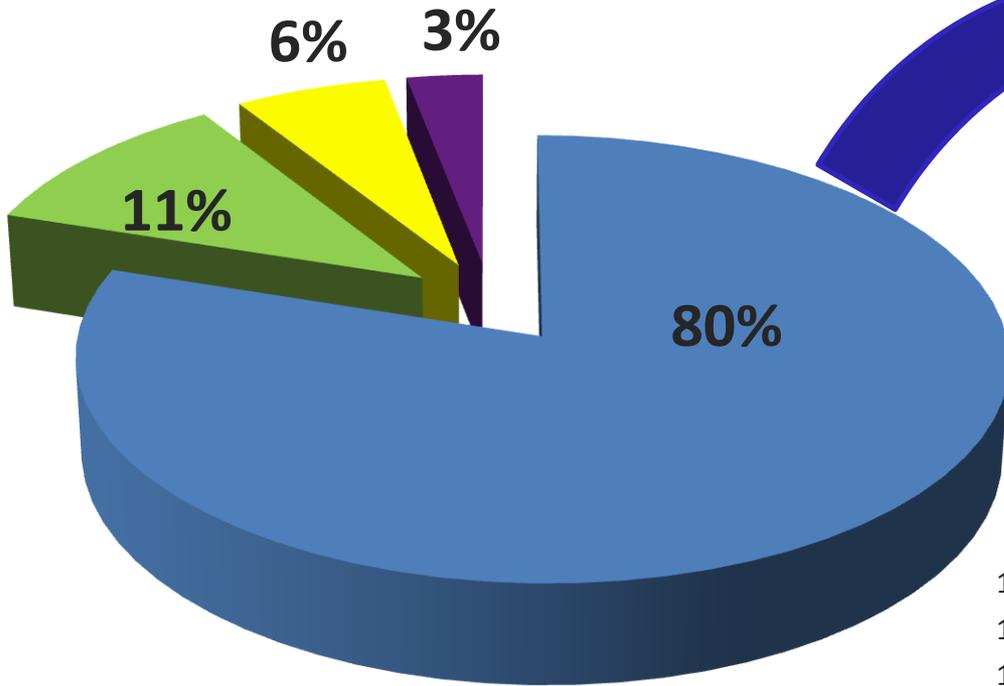
- ≥45 yrs
- 30-44 yrs
- 25-29yrs
- 20-24 yrs
- 15-19 yrs
- ≤14 yrs

Chlamydia Diagnoses by **Male** Gender & Age (Kalamazoo Co.)

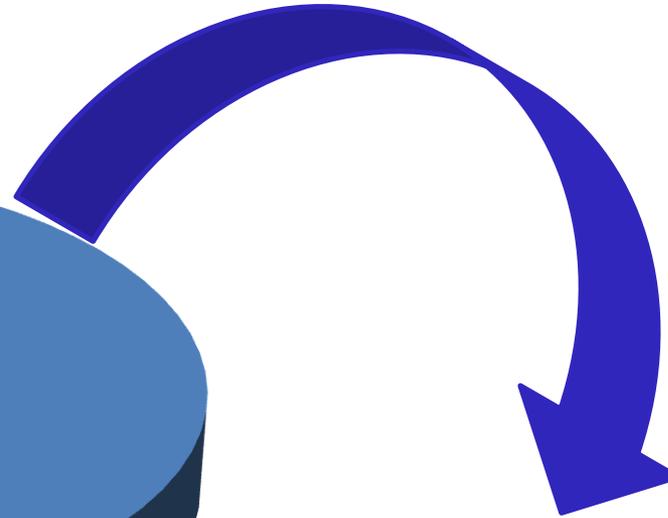


Chlamydia Diagnoses by City

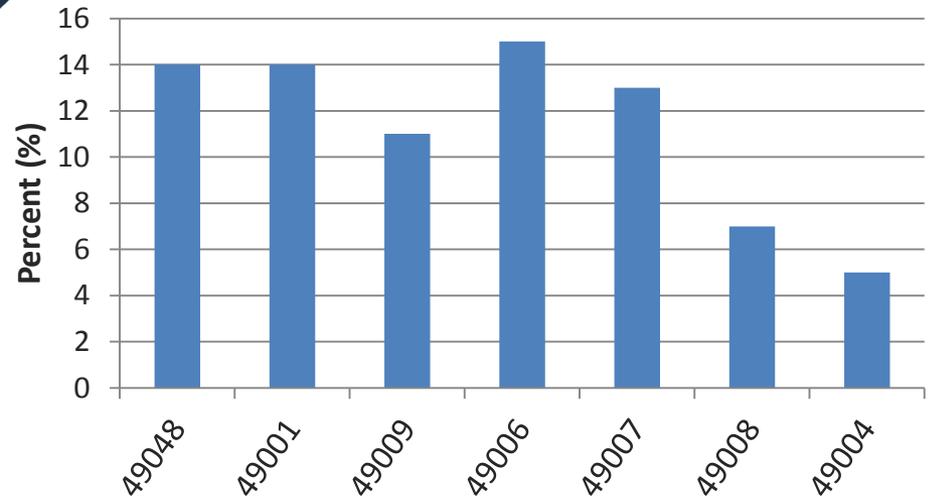
Kalamazoo County, 2014



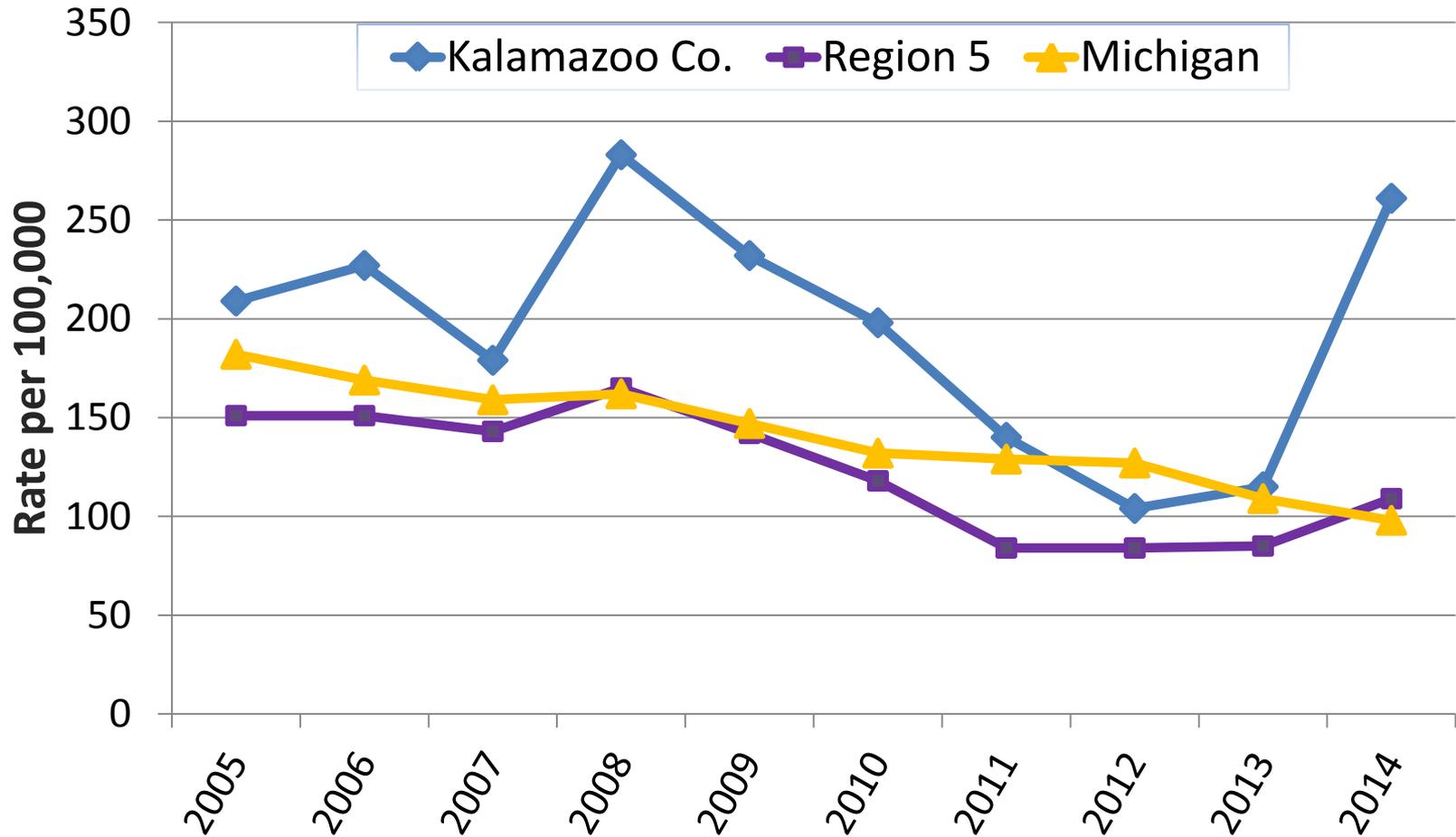
- Kalamazoo City
- Portage
- Other
- Missing



Kalamazoo City Zip Codes



Gonorrhea Rates (per 100,000)



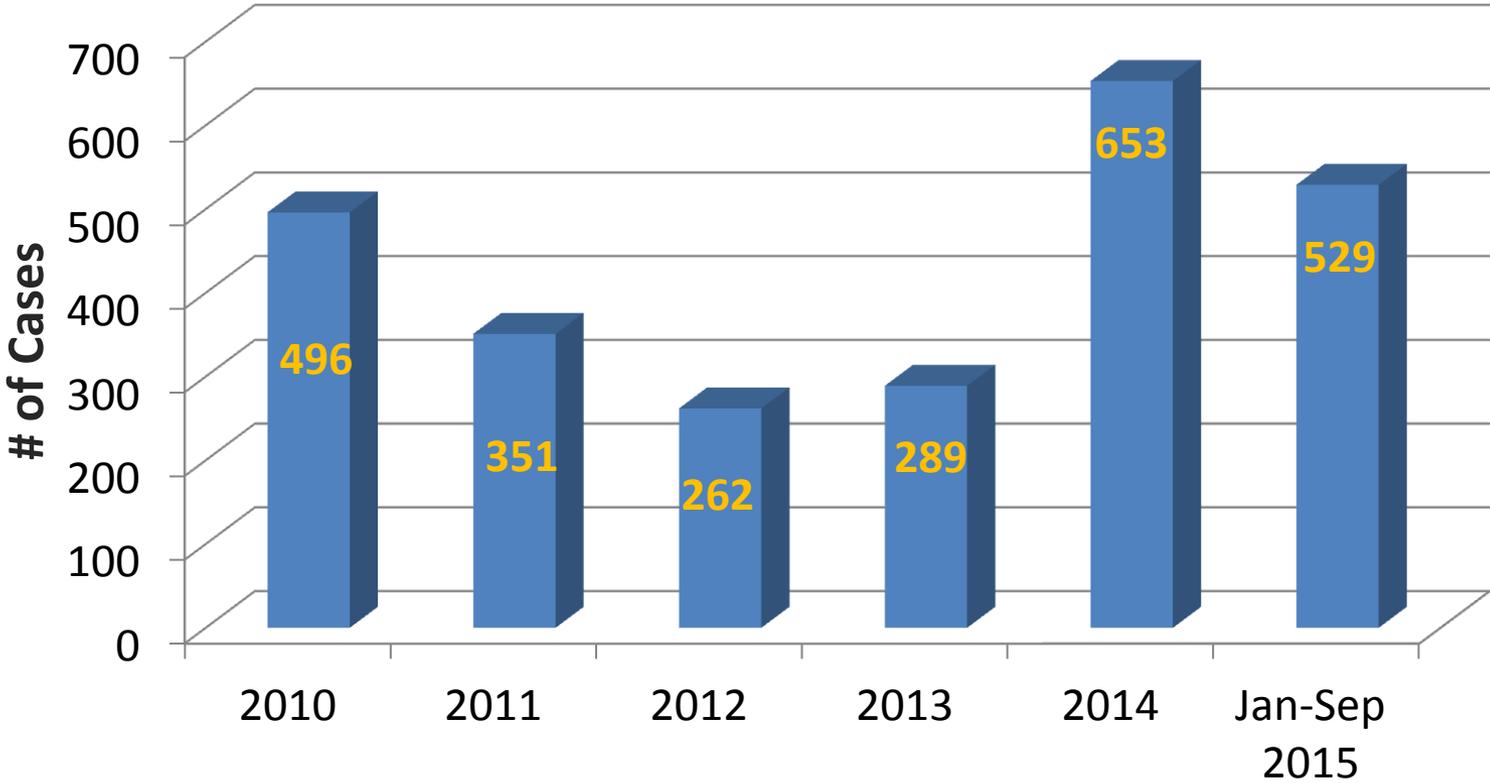
Source: Michigan Disease Surveillance System



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Total Diagnosed Cases of Gonorrhea

Kalamazoo County, MI



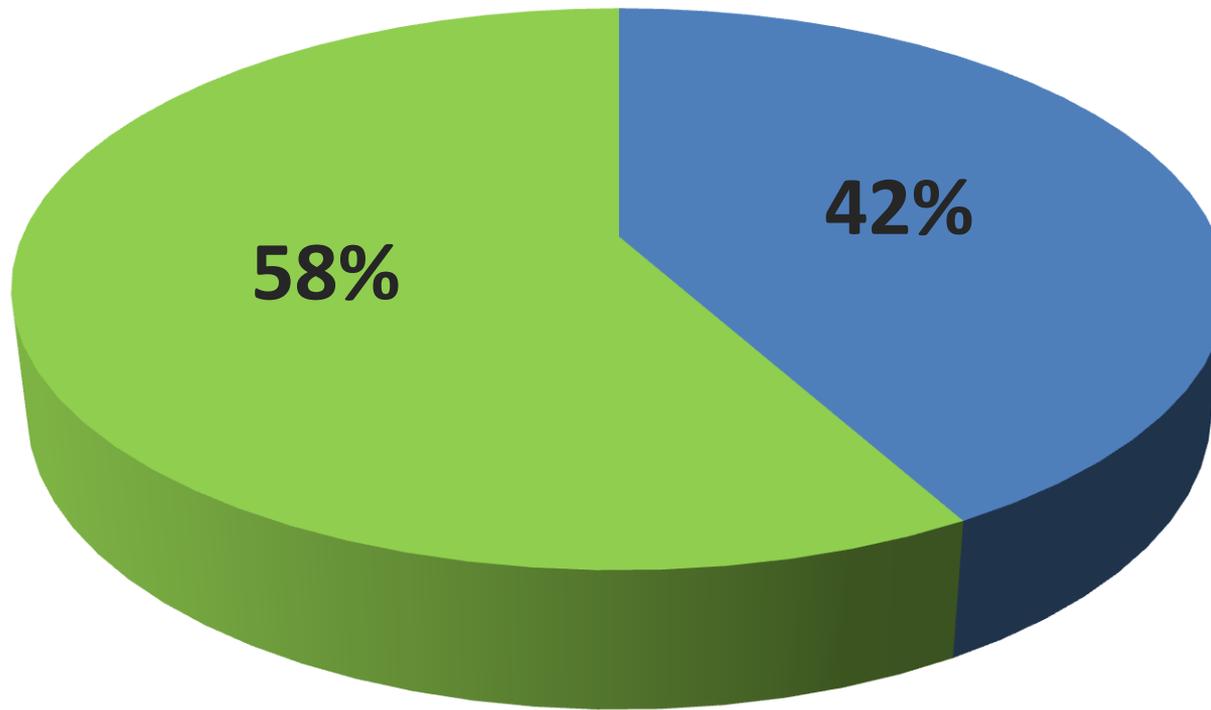
Source: Michigan Disease Surveillance System



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Gonorrhea Diagnoses by Gender

Kalamazoo County, 2014



■ Male ■ Female

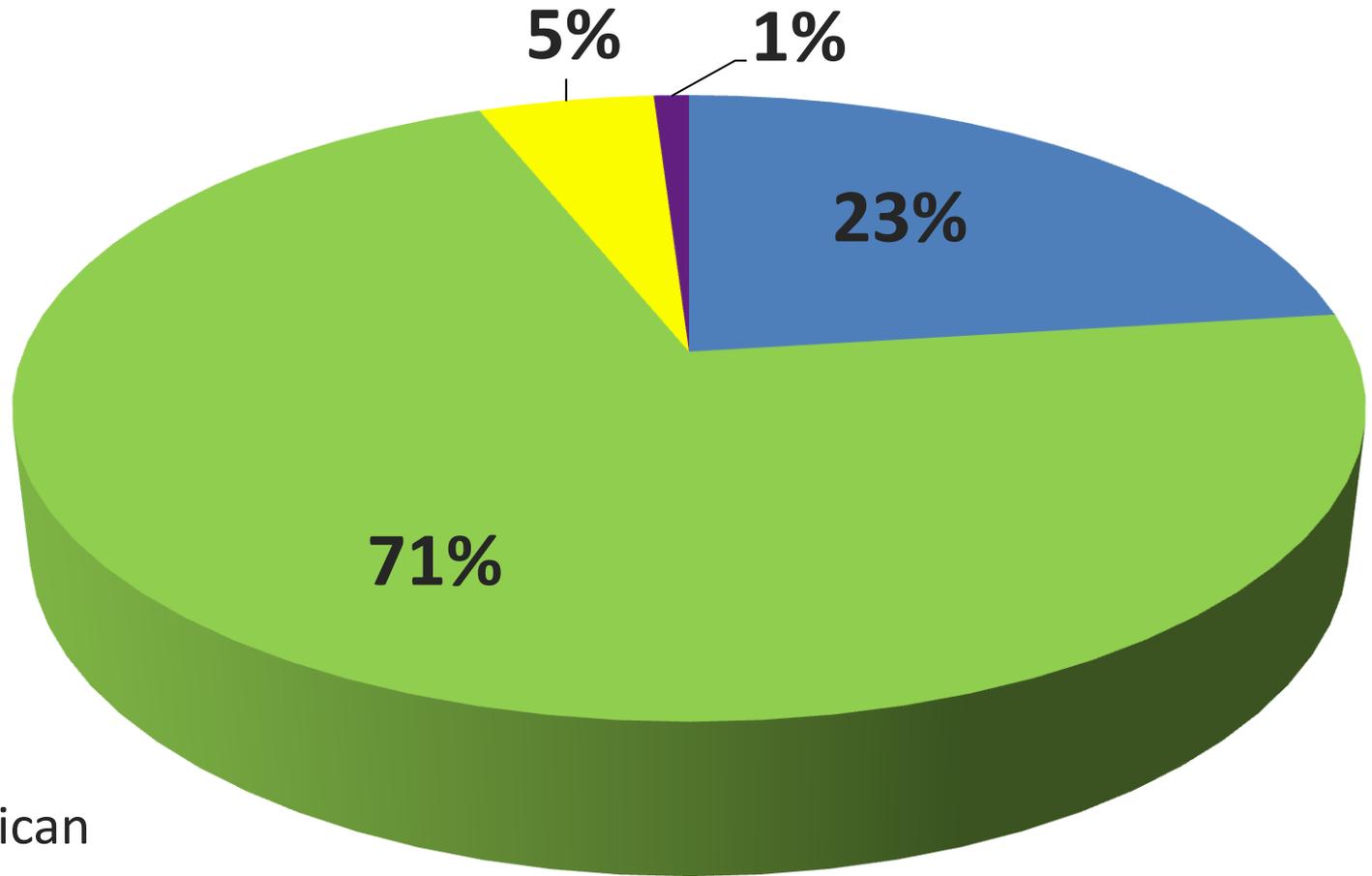
Source: Michigan Disease Surveillance System



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Gonorrhea Diagnoses by Race

Kalamazoo County, 2014



- Caucasian
- African American
- Other
- Unknown

Source: Michigan Disease Surveillance System

Gonorrhea Diagnoses by Gender & Age

Kalamazoo County, 2014

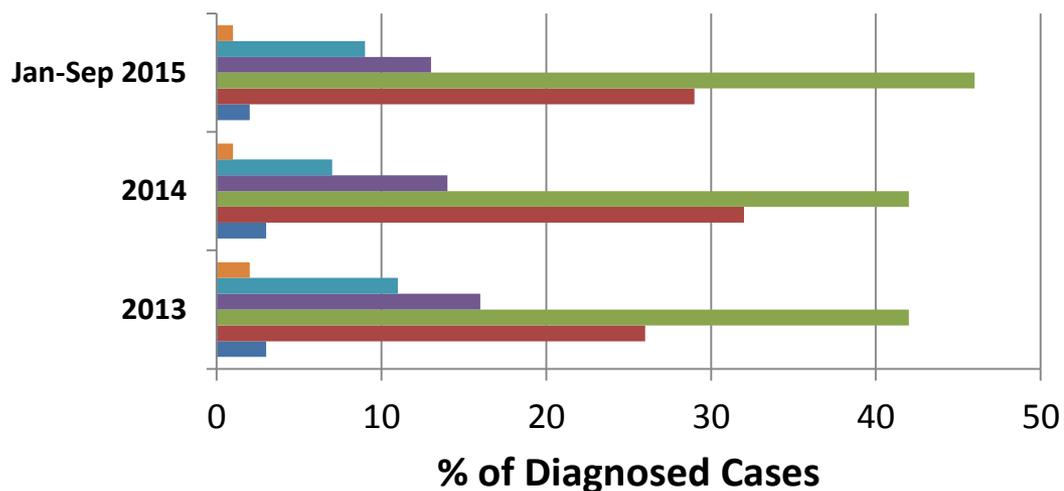
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- Avg. female age: 23
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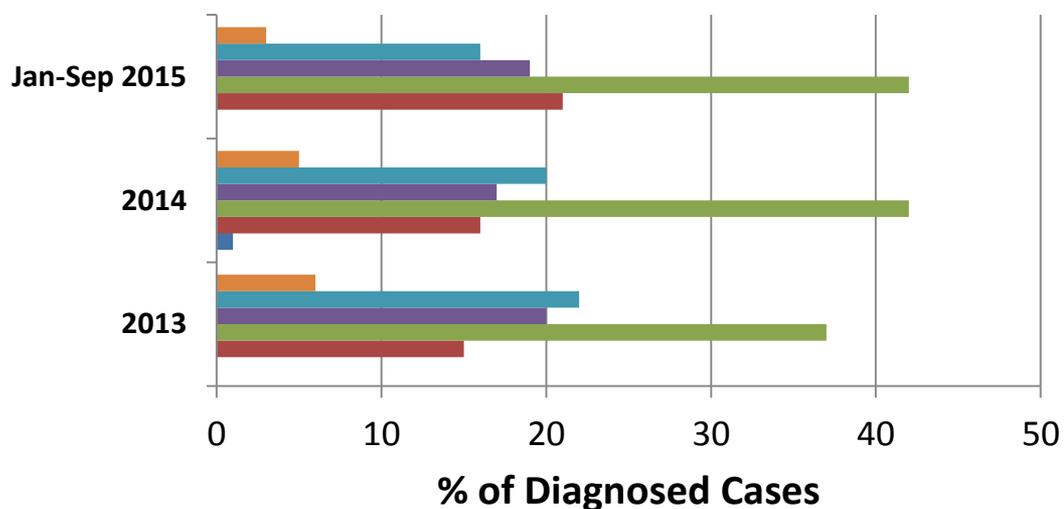
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Gonorrhea Diagnoses by **Female** Gender & Age
(Kalamazoo Co., MI)

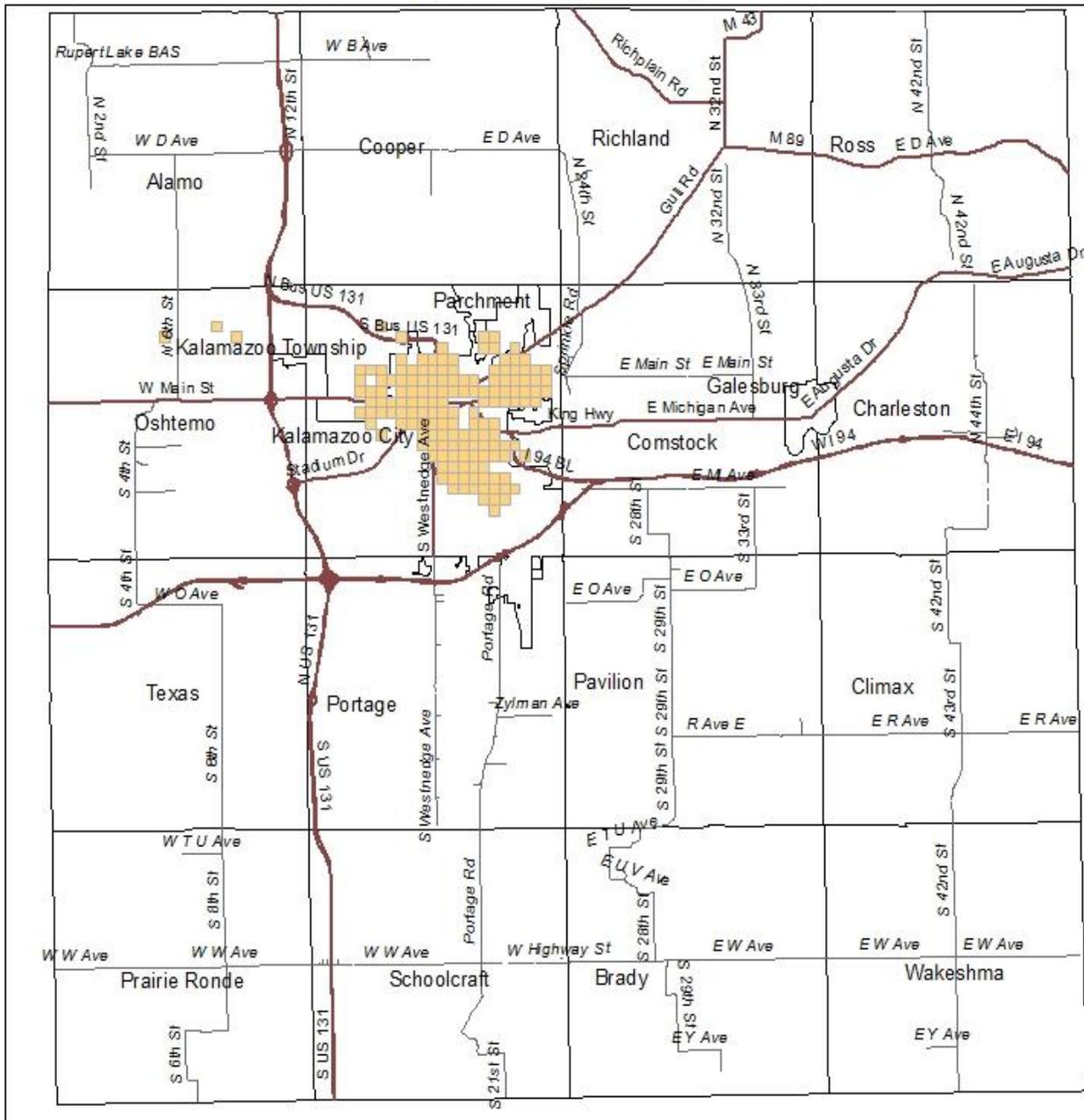


- ≥45 yrs
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Gonorrhea Diagnoses by **Male** Gender & Age
(Kalamazoo Co., MI)

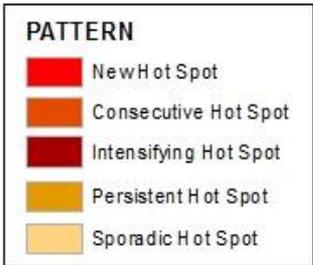


Space Time Getis-Ord GI Star Analysis of Gonorrhoea 2006 - 2014; Kalamazoo County

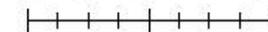


Pattern Definitions
 New: The most recent time step is hot for the first time.
 Consecutive: A single uninterrupted run of hot time step intervals, comprised of less than 90% of all intervals.
 Intensifying: At least 90% of the time step intervals are hot and becoming hotter over time.
 Persistent: At least 90% of the time step intervals are hot with no trend up or down.
 Sporadic: Some of the time step intervals are hot.
 Oscillating: Some of the time step intervals are hot, some are cold.

Hot Spot Analysis



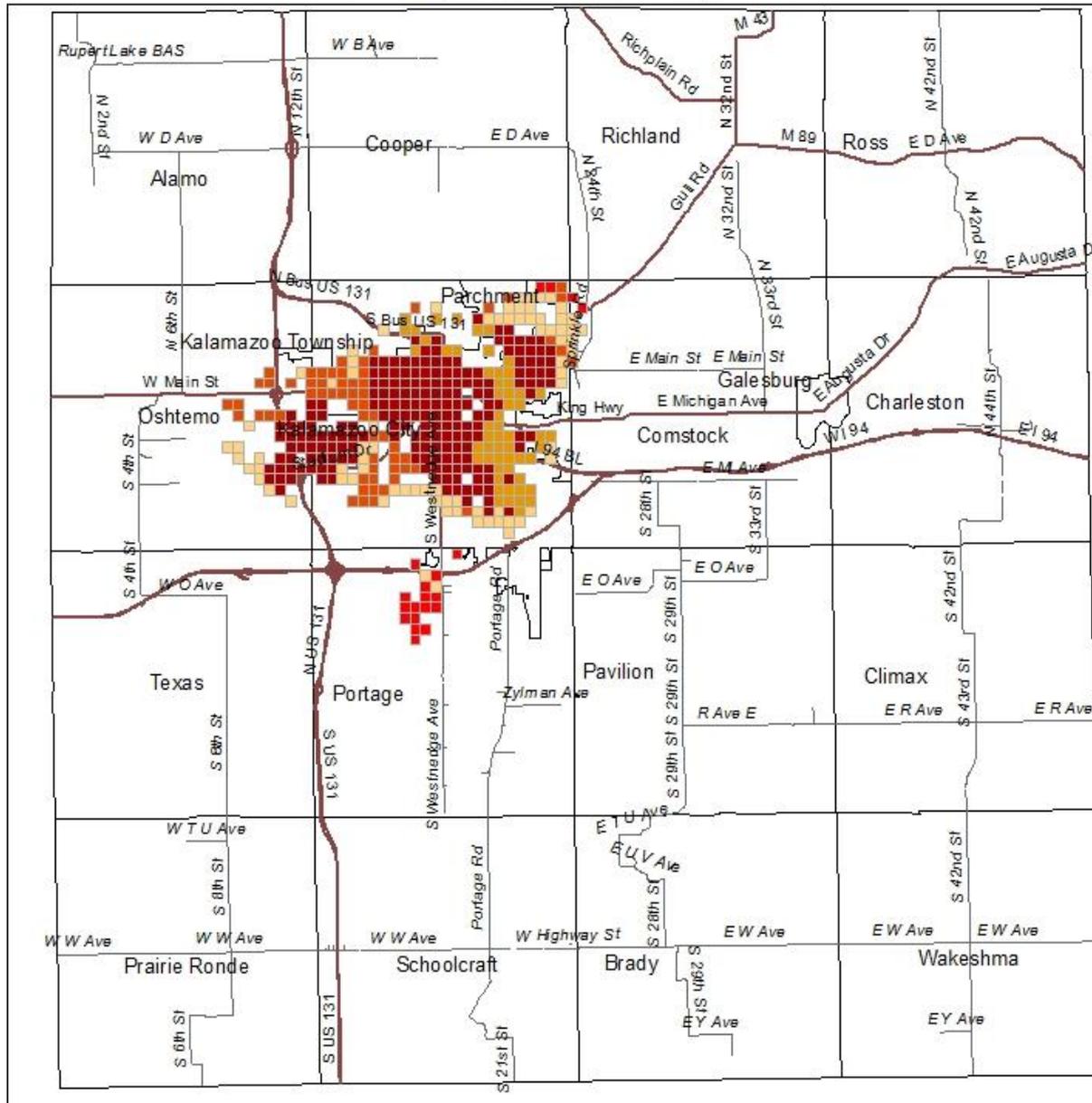
0 2 4 8 Kilometers



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The Health Data Research, Analysis and Mapping Center

Space Time Getis-Ord Gi* Statistic Hot Spot Analysis of Chlamydia 2006 - 2014; Kalamazoo County



Pattern Definitions

- New:** The most recent time step is hot for the first time.
- Consecutive:** A single uninterrupted run of hot time step intervals, comprised of less than 90% of all intervals.
- Intensifying:** At least 90% of the time step intervals are hot and becoming hotter over time.
- Persistent:** At least 90% of the time step intervals are hot with no trend up or down.
- Sporadic:** Some of the time step intervals are hot.
- Oscillating:** Some of the time step intervals are hot, some are cold.

Hot Spot Analysis

PATTERN

- New Hot Spot
- Consecutive Hot Spot
- Intensifying Hot Spot
- Persistent Hot Spot
- Sporadic Hot Spot

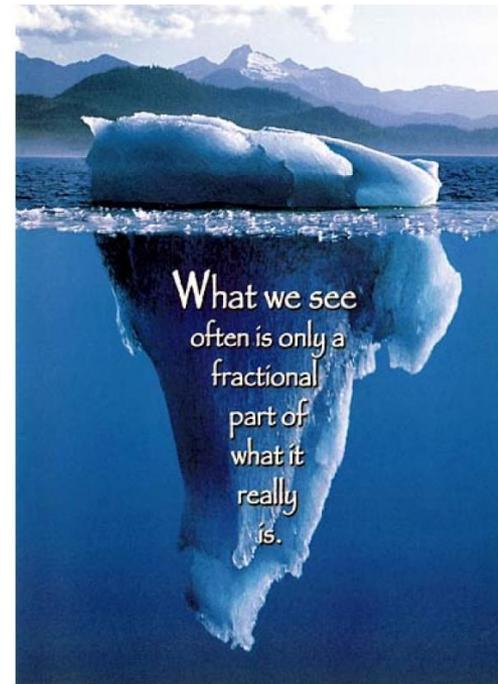


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Summary

- Kzoo Co.—**2nd highest** LHD rate of Chlamydia & Gonorrhea (2014)
- Kzoo Co. Gonorrhea rates more than **doubled** between 2013 and 2014
- African Americans and Females disproportionately affected
- Increased rate of STDs in younger age groups
- Increasingly wider geographical spread





FAMILYHEALTH
center

Increasing STI Screening Rates at the Family Health Center of Kalamazoo

Presented by
Dennis E. Means, MD, MMM
Chief Medical Officer

Total Cases of Chlamydia & Gonorrhea in Kalamazoo County Listing “Family Health Center” as Referrer

	Chlamydia	Gonorrhea	Total
2012	156	30	186
2013	212	28	240
2014	215	90	305

Factors Related to the Increase # of Cases

- ▶ Increase Number of Eligible Patients
 - ▶ Incentives Provided by Payors
 - HEDIS Quality Measures
 - ▶ Use of Lean Process Improvement Techniques
 - Kaizen Event
 - Medical Assistant Standard Work
- 

School-based Testing Initiative and Results

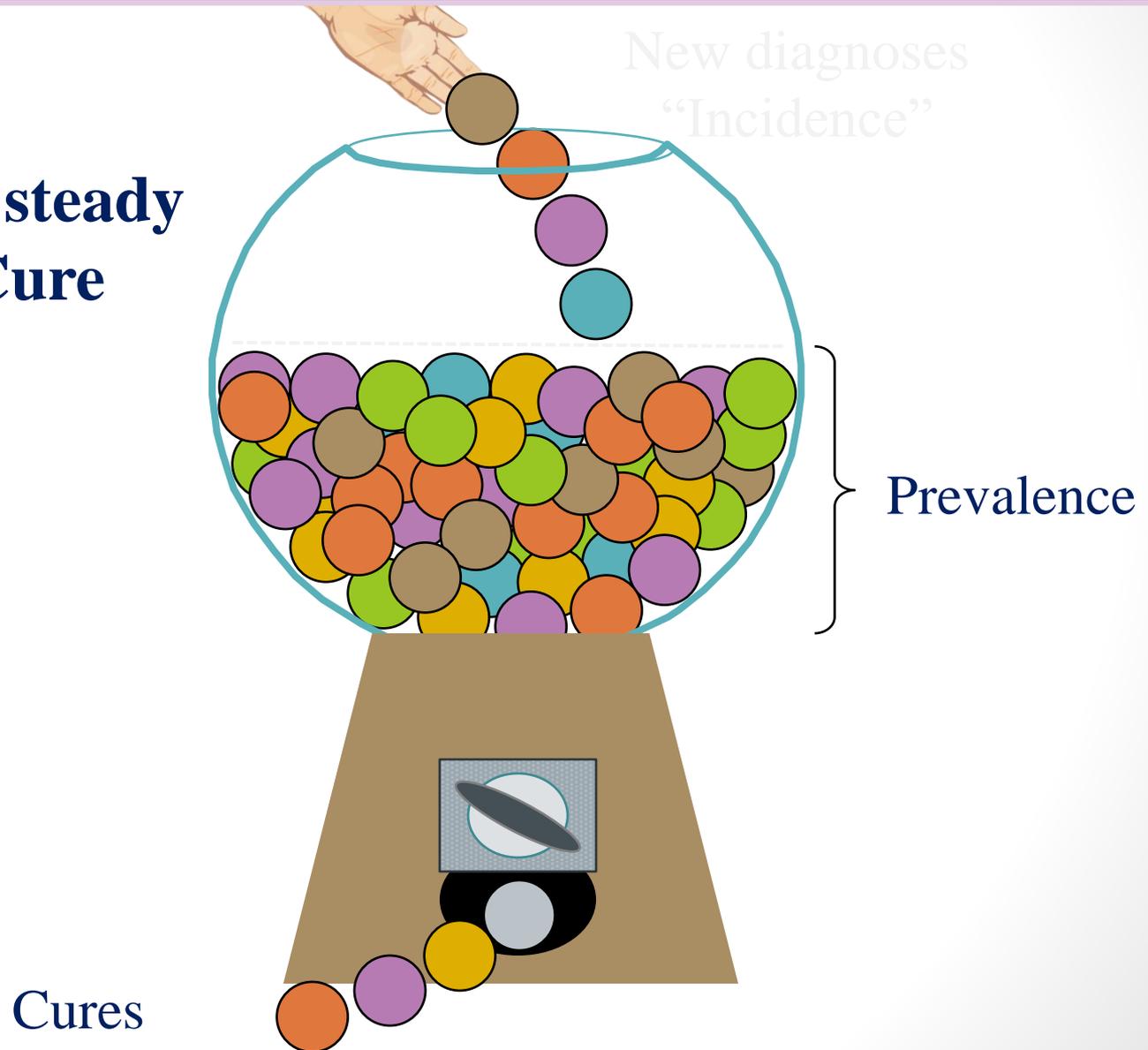
Amy S. Peterson, MPH

Michigan Department of Health and
Human Services

STD Section

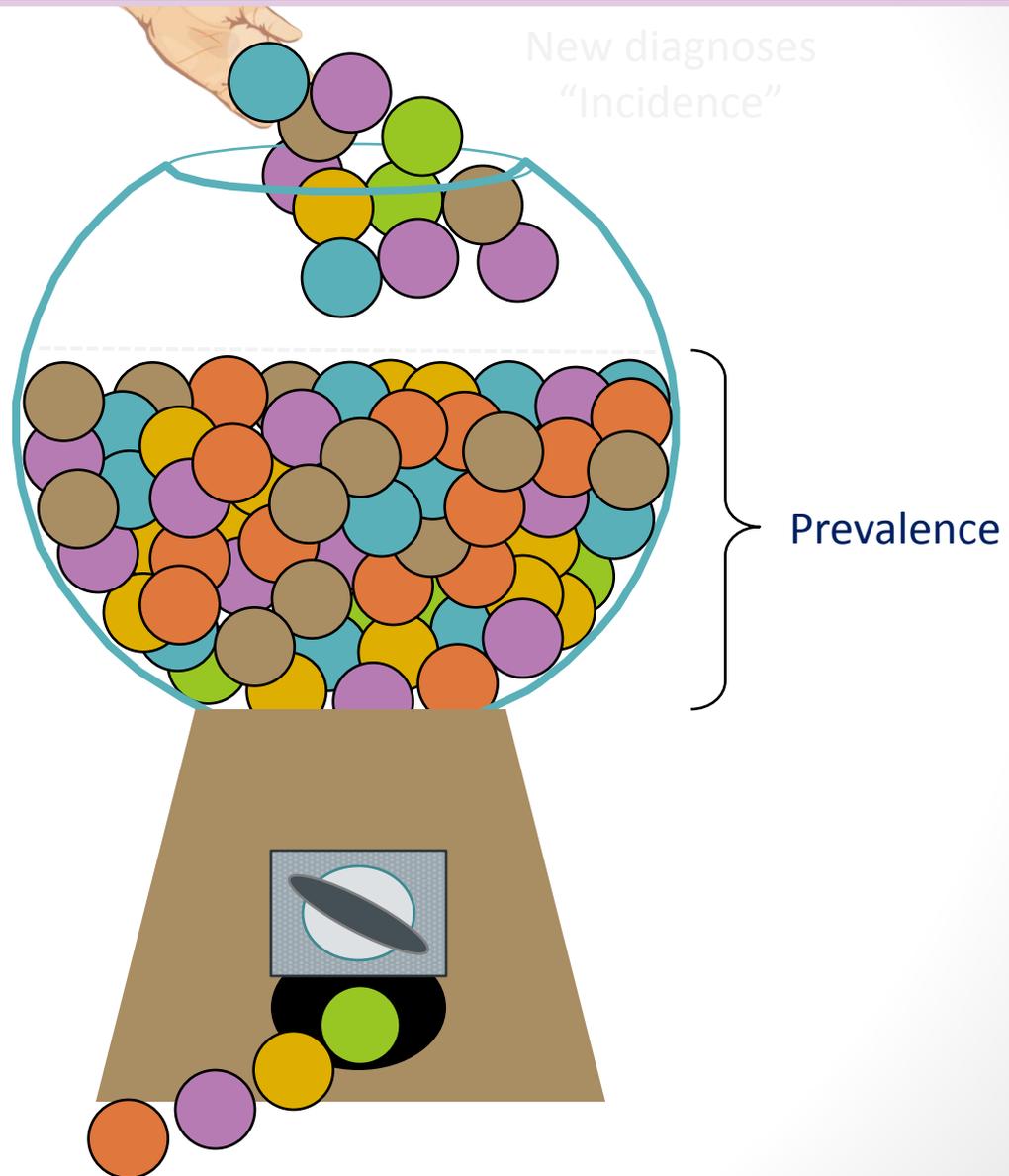
Epidemiology 101

Prevalence is steady
Incidence = Cure



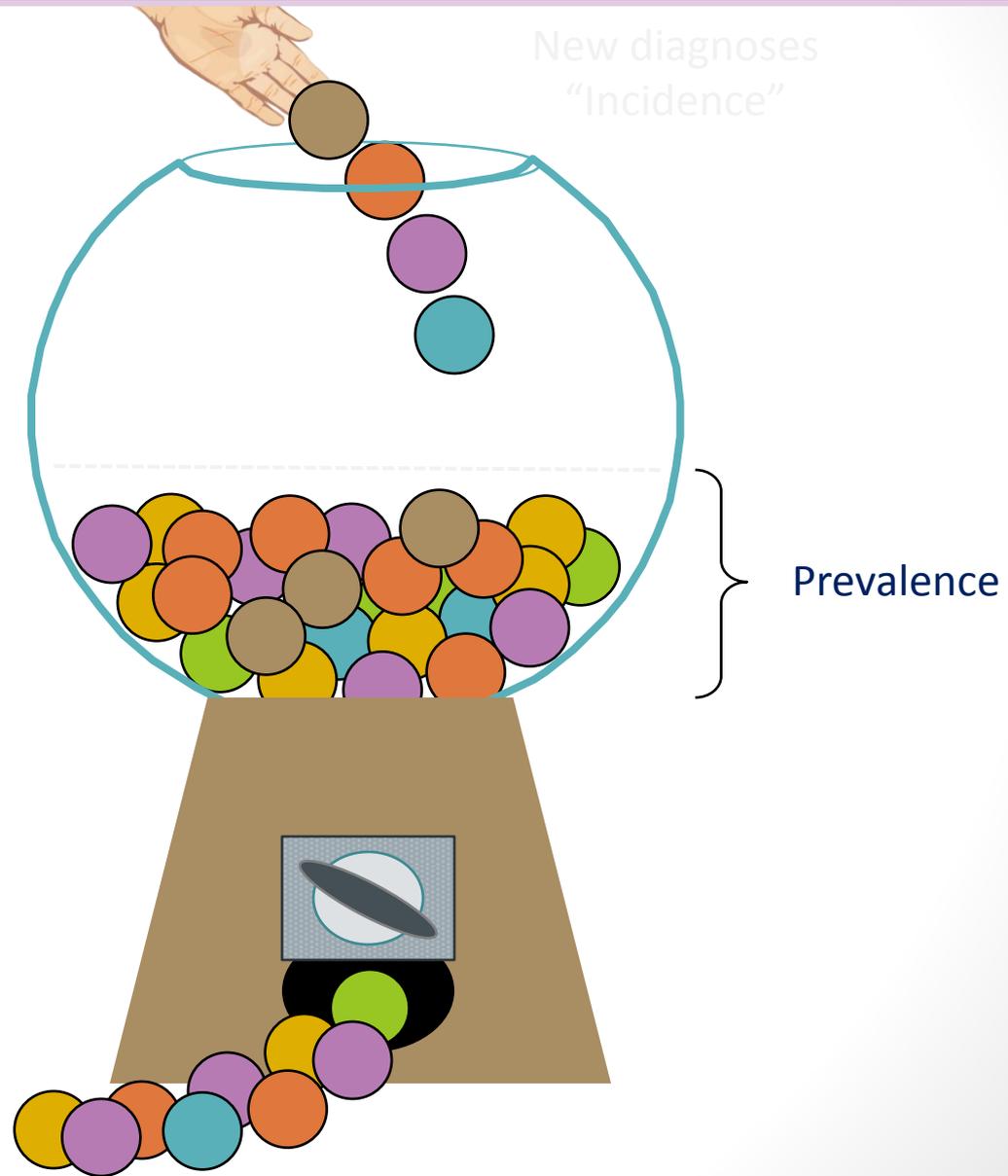
Epidemiology 101

Prevalence
if Incidence > Cures



Epidemiology 101

Prevalence
if Incidence < Cures

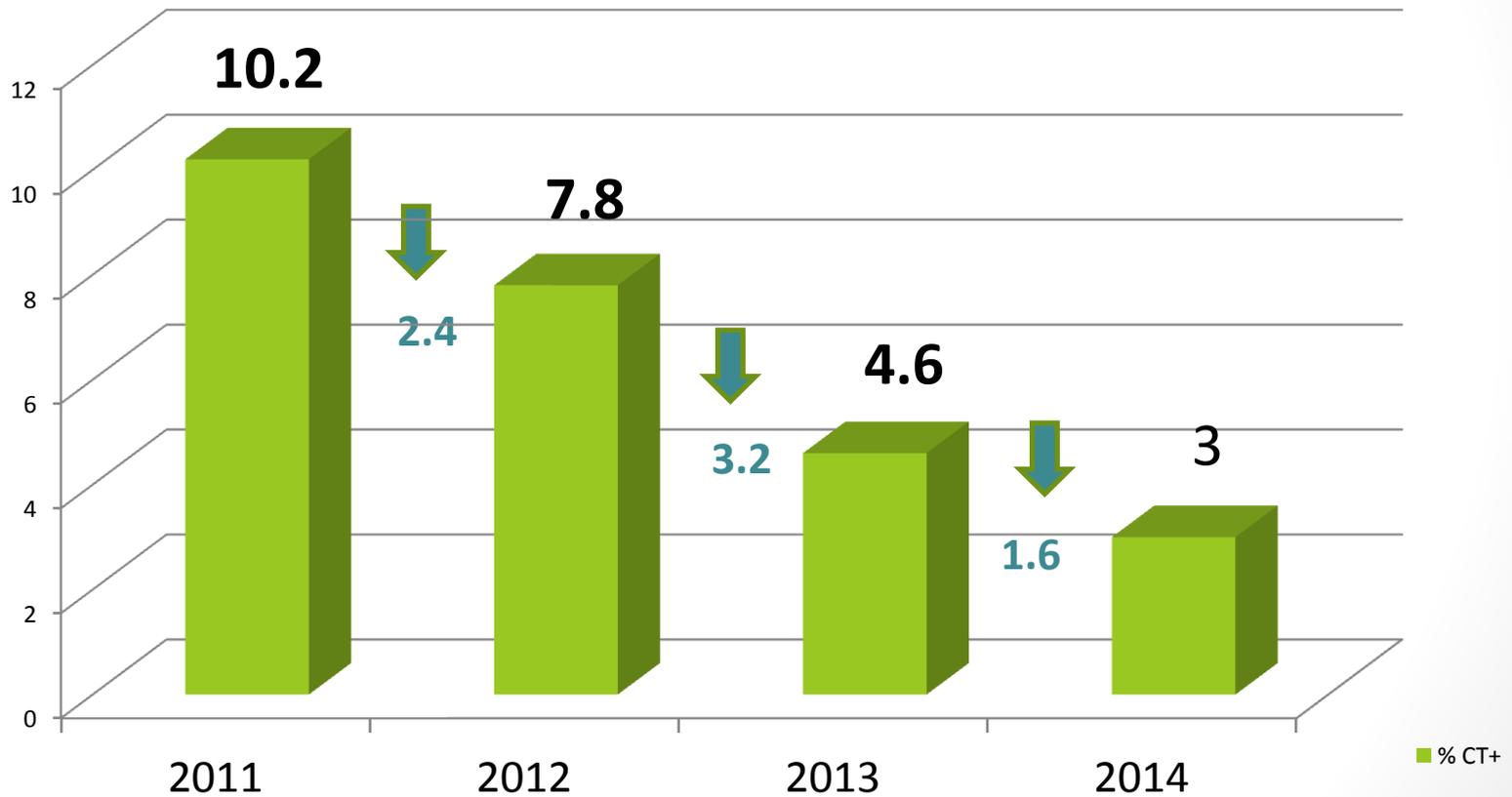


School-wide screening

- Initiated in 2011 in select SE Michigan high-schools
- Has proven to be an effective strategy to decrease prevalence in a population
- Conducted in KPS in early 2015



School A: CT Positivity by Year



Event Partners

- Kalamazoo Public Schools
 - Superintendent Dr. Rice
 - Assistant Superintendent of Student Services Cindy Green
 - HS principals
- Kalamazoo Health and Community Services Department
- Michigan Department of Health and Human Services

Process

- Parent-Opt Letter
- Education schedule created with school
- All educated
- All go to restroom
- Private decision whether to test
- “Lab” set-up in school, processed and packaged on site
- Sent to laboratory
- Results faxed to medical provider

Process Continued

- Positive patients notified of infection
- Arrangement made for treatment
- Re-test appointment set
- Treatment of partners negotiated

KPS Screening Results

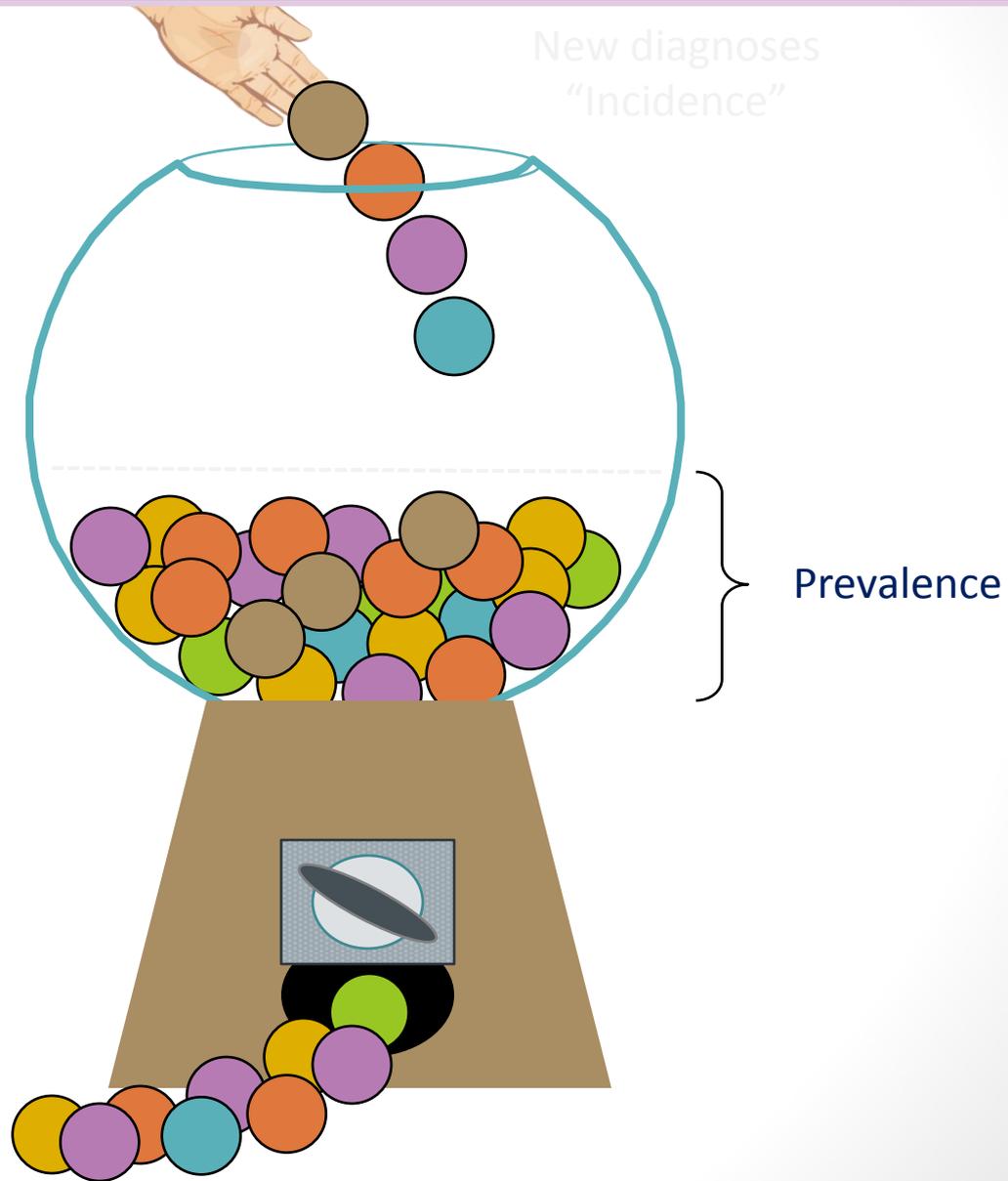
- Screened seniors at Central, Loy Norrix, and all students at Phoenix High
- 275 students tested
- Identified 18 positives (6.5%)
- Disproportionate burden among
 - Females
 - African American students



**1 in 15
positive**

Lowering disease in Kalamazoo County

Prevalence
if Incidence < Cures



Everyone can make a difference

- No missed screening opportunities
 - Priority populations
 - Females 16-24
 - Males 16-18
 - Men who have sex with men
- Refer people to health department and clinics
- Retest all infected patients 3-months post treatment
- Ensure treatment of partners
 - On-site
 - Referral to health department
 - Expedited Partner Therapy

Contact Me...

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STD Program Specialist

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KCHCS STD Toolkit

Kristen Wehling, MPH
STD Health Coordinator

Cori Dupay, RN
Public Health Nurse



Health & Community Services Department
Promoting Health For All

Toolkit Design & Implementation

- Modeled after Spokane, WA Health Department
- Central location for clinical information on STDs
- Valuable use for providers and patients



Health & Community Services Department

Promoting Health For All

Why was an online STD Toolkit needed?

- Recognition of educational needs for medical providers
 - Utilize most current CDC treatment guidelines
 - Ask correct screening questions
 - Test all exposed sites
- Concerns over potential for missing cases due to non-genital site infections
- Changing public health grant mandates requiring increased education, reduction in financial support for clinic services
- Concerns over potential for resistance emergence





A Clinician's and Health Professional's Guide

You're Invited
The STD Problem in Kalamazoo County: Status Update, Education, and Future Directions
Thursday, October 22, 2015
8:00 am – 10:00 am

[Event Flyer](#) -- | -- [Pre-registration](#)

In Kalamazoo County, Sexually Transmitted Diseases (STDs) make up more than 77% of the reportable communicable diseases.

Kalamazoo County has the 2nd highest ranking for **Gonorrhea** in the State of Michigan.

Kalamazoo County has the 2nd highest rates for **Chlamydia** in the State of Michigan.

STDs in Kalamazoo County are continuing to **increase** in incidence and prevalence.

A reduction in STD rates will only be achieved through a community wide public health initiative. This tool kit - The STD Toolkit - is the ground work for this initiative. Through the collaboration of community healthcare providers, professionals from Kalamazoo County Health and Community Services and with support from other local health departments (LHD), this toolkit has become a reality. It is designed to be a consistent and comprehensive plan for action against the increasing rates of STDs county-wide. All information provided is designed to be an evidence based tool to allow healthcare professionals, clinicians, public health workers, and community members alike to take a proactive role and to achieve control of this growing health threat.

Within this toolkit, Providers will find resources to assist with the screening, testing, treatment, education, and counseling of at risk individuals in the county. We encourage you to explore this tool and use it in your own practices and offices. Information provided will help to keep healthcare providers up to date on the latest diagnostic and treatment protocols for STDs, as well as the public health benefits and effects of early and comprehensive community intervention over time on STD rates and statistics for Kalamazoo County.

Sexual and reproductive health issues are important and critical components to the general health and well being of patients seen in all healthcare settings. However, the ability to efficiently and comprehensively provide services for STDs may be limited due to time constraints and providers' lack of comfort in doing so. This tool kit is meant to aid on both accounts, but if you have a concern and/or suspect that patients are at risk of STDs, and choose not to

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A Clinician's and Health Professional's Guide

Trainings and Education

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Thursday, October 22, 2015
8:00 am – 10:00 am

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Local Trainers (available for small or large group instruction)

Kalamazoo County Health and Community Services

STD Clinic: (269) 373.5235 or [email](#)

Topics: Prevention, Treatment & Testing, Counseling & Patient Education, Immunizations (HPV)

****Trainings available for large and small group settings. Partial day or Full day trainings are available, as well as mini-trainings that would fit into a lunch meeting or staff meeting.*

Additional Training Courses:

[CDC STD Prevention Courses](#) [Clinical Courses](#)

Behavioral Intervention Courses, Public Health Support Courses (PSP, Supervisory, etc.)

[STD/HIV Prevention Training Center](#) trainings available "classroom" style, through webinars, online tools, handouts & brochures

[Michigan Department of Health & Human Services HIV/AIDS Prevention and Intervention Section \(HAPIS\)](#)

Trainings and Certifications offered through the State of Michigan (MDHHS)



Many self-study modules, case studies & educational series will count for Continuing Education Credits (CEC's). Look for the symbol below to identify these resources.

Self-Study Modules

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Tips for Creating a Welcoming Atmosphere in your Office

It is important to create a space that is both welcoming and informative for your clients. The suggestions below are followed by links to resources that you can use in your office and exam rooms. *Free Resources

Prominently display posters and literature that promote discussion of sexual health in exam rooms.

- [HPV Protection*](#)
- [HIV Conversations \(MSM\)*](#)
- [ETR STD Facts Posters](#)
- [Gonorrhea posters](#)

Place brochures and other materials concerning STDs in exam rooms and bathrooms where they can be viewed privately.

- [Sexual Health Rights and Responsibilities*](#)
- [Hanging Out or Hooking Up*](#)
- [The Facts Brochures*](#)
- [ETR General STD Brochures](#)

Post confidentiality notices in common areas of the office.

- [Adolescent Health Confidentiality Policy](#)

Discuss patient confidentiality at every visit to promote confidence and trust between patient and provider.

- [Michigan Laws Related to Right of a Minor to Obtain Health Care Without Consent or Knowledge of Parent](#)

Hand out information to patients prior to being seen by the provider (and make sure patients can review these in a private environment):

- Confidentiality policy
- [Questions and Answers for Teens and Young Adults About Your Health Exam*](#)
- [What to Expect at Your First Male Sexual Exam*](#)
- [What to Expect at Your First Female Sexual Exam*](#)
- [What to expect at Your First Pelvic Exam \(Adults\)*](#)
- [Raising a Sexually Healthy Son or Daughter*](#)

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A Clinician's and Health Professional's Guide

Taking a Sexual History

A comprehensive sexual history is an essential part of the sexual health evaluation. All health care providers, whether they are caring for youth or older patients, should take a sexual history to assess risk and provide a basis for risk reduction through counseling. Ideally, this should be done at a new patient visit, an annual visit, or anytime a patient presents with symptoms or history suggesting an STD risk.

General Tips for Taking a Sexual History

- State the parameters of confidentiality.
- Use a developmentally oriented approach.
- Use open ended questions.
- Be aware of judgmental questions.
- Try questioning in the third person if necessary.
- Ask adolescents for clarification of answers as needed.
- Use reflective listening.
- Don't make any assumptions.
- Always educate patients, including teens, about their options.
- Present clear information.
- Refer patients, including teens, to other resources as needed.
- Summarize your discussion at the end of the visit (it may be helpful to restate the confidentiality of the encounter at this time).
- Leave the patient with an open invitation for further discussion as needed.

What to Ask Patients - *The Essentials*

1. Partners (who, when, how many)
2. Pregnancy Prevention (contraception, abstinence)
3. Protection (barriers)
4. Practices (what types of sex)
5. Past history of STDs

Sexual Histories for Youth - *When to begin*

The Teen Pregnancy Prevention Initiative of the Michigan Department of Health & Human Services recommends beginning to take an age appropriate sexual history at the first teen visit or age 12 years, whichever comes first. Of course, younger, even preteen children may need to be questioned regarding sexual issues if sexual abuse is

What it Means to take a Sexual History (PDF)

Instant Sexual History Form (PDF)

Self-Administered Sexual History Form (PDF)

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Instant Sexual History

Disease	Are you being treated for? (medications?)	Have you ever had? (date(s) tested positive?)
Chlamydia Trachomatis		
Gonorrhea		
Trichomoniasis		
Hepatitis B		
Hepatitis C		
Genital Herpes		
Syphilis		
HPV/Genital Warts		
HIV		
Lymphogranuloma Venereum		
Pelvic Inflammatory Disease		
Other		

Check if yes

- Ever used illegal drugs?
- Ever used IV or intranasal drugs?
- Ever shared needles or other drug paraphernalia?
- Had sex while under the influence of drugs/alcohol in the last month?
- Do you use sex toys?
- Ever had an anonymous partner?
- Ever paid for sex?
- Commercial sex worker?
- Had sex with an HIV positive individual in the last 12 months?
- Forced sex?
- Traded sex for money or drugs in the last 12 months?
- Had more than one sex partner in the last 12 months?

Name _____

Are you having any symptoms? Yes No If yes, what? _____

Please list any allergies to food or medicine:

What medicine are you currently taking?

In the past 2 weeks have you taken any medications? Yes No If yes, what? _____

Please circle any STDs you have had before:

HIV hepatitis herpes gonorrhea
chlamydia trichomonas syphilis

Please circle any STDs your partner has:

HIV hepatitis herpes gonorrhea
chlamydia trichomonas syphilis

Who do you have sex with? Men Women Both

Please circle the types of sex you have: anal/"butt sex" vaginal sex oral/"blow job"/"licking"/"eating"

When was the last time you had any sex with anyone? ____/____/____

Number of sex partners in the last month? _____ In the last 3 months? _____

	YES	NO
Have you urinated/peed in the last hour?		
Have you ever used illegal/"street" drugs?		
Have you ever had sex/"hooked up" with a stranger?		
Have you had sex with more than 1 person in the last year?		
Do you know if all your sex partners (in the last year) were tested for HIV?		
Have you ever paid for sex?		
Have you ever been paid for sex?		
Have you ever traded sex for money or drugs?		
Have you ever been in jail, prison, or juvenile detention?		
Has a doctor ever told you that you have a mental illness?		
Have you ever been a victim of domestic violence?		
Have you ever been forced to have sex?		
Have you ever been/currently are homeless?		

How did you meet partners in the last year? (check all that apply) Bars/clubs Neighborhood Work Parks
Personal ads/phone services Internet Truck stop/rest areas Through sex workers (prostitutes) Friends/family

Do you use condoms: Never Sometimes Often Always

Women only:

When did your last period start? ____/____/____

Are you pregnant? Yes No Are you breastfeeding? Yes No



A Clinician's and Health Professional's Guide

Guidelines for Routine Evaluations

A Clinician's Guide

How to Examine & Test

A Male Evaluation

A Female Evaluation

A Patient's Guide

What to Expect

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A Clinician's and Health Professional's Guide

STD Clinical Practice Guidelines for Routine Evaluation of Men

The following minimal physical and laboratory examination should be performed on all sexually active men seeking STD clinical services that are at risk for STD infections. This evaluation should be performed at each clinical visit for the assessment of a new problem. Additionally, all patients should be counseled regarding means to reduce their risk of acquiring a sexually transmitted disease.

Physical examination:

1. Inspect the skin of the abdomen, chest, back, forearms, hands, palms, inguinal area, thighs, lower legs, feet, soles or any other area indicated by medical or epidemiologic history.
2. Examine cervical, axillary, femoral and inguinal areas for lymphadenopathy.
3. Perform oropharyngeal examination under good lighting. Be particularly aware to observe for lesions under the tongue and along buccal surfaces.
4. Inspect genitalia. Retract foreskin, if present, and milk the urethra for discharge
5. Inspect and palpate scrotal contents.
6. Inspect the anus if patient participates in anal sex or if anorectal symptoms are present.

Laboratory Testing:

Routine screening for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* should be done frequently, depending upon risk factors. In general, testing should occur every 3 months for any male who has recently changed partners or who states he has more than a single exclusive partner. (For specific information on who should be tested and when, please see individual disease descriptions and testing recommendations found in the right hand toolbar). The following tests should be considered at every visit:

1. **Urethral Gram-stained smear** if patient has signs or symptoms of urethritis or gonorrhea.
2. **Tests for urethral infection** (APTIMA is a combined NAAT for Chlamydia and Gonorrhea)
 - a. **Chlamydia:** Urethral/urine Nucleic Acid Amplification Test (NAAT) for *C.trachomatis* for routine screening; signs or symptoms of urethritis present or urethral discharge noted; prior chlamydia infection or patient has a sex partner with gonorrhea or chlamydia infection
 - b. **Gonorrhea:** Urethral/urine NAAT for *N.gonorrhoea* for routine screening, signs or symptoms of urethritis present or urethral discharge, prior gonorrhea infection or patient has a sex partner with gonorrhea or chlamydia infection.
3. **Rectal NAAT testing for *N.gonorrhoea* and *C.trachomatis*** in men who report receptive anal sex with men.
4. **Pharyngeal NAAT testing for *N.gonorrhoea* and *C.trachomatis*** in men who report oral sex.
5. **HIV testing and counseling.**
6. **Syphilis serology** as routine testing if not done within preceding year or if patient has multiple sex partners or

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STD Toolkit

Sexually Transmitted Disease



KALAMAZOO COUNTY

HEALTH AND COMMUNITY SERVICES DEPARTMENT

Promoting Health For All

A Clinician's and Health Professional's Guide

Recommended Laboratory Diagnostics

Etiologic Agent	Common Syndromes	Rapid Diagnostics	Definitive Diagnostics
Chlamydia trachomatis	Urethritis, cervicitis, proctitis, PID, NGU asymptomatic screening recommended	Gram stain (to determine presence of inflammation), urine leukocyte esterase can be helpful to look for presence of inflammation	Nucleic Acid Amplification Tests (NAATs-cervical, urethral, or vaginal swabs or urine) Cervical/intraurethral swab for culture, DNA probe, EIA, direct FA slide
Neisseria gonorrhoeae	cervicitis, proctitis, PID asymptomatic screening recommended	Gram stain	Nucleic Acid Amplification Tests (NAATs-cervical, urethral, or vaginal swabs or urine) Cervical/intraurethral swab for culture, DNA probe
Trichomonas vaginalis	Vaginitis, urethritis	Rapid antigen detection test, Saline wet prep	Nucleic Acid Amplification Tests (NAATs - cervical, urethral, or vaginal swabs or urine) OSOM Trichomonas Rapid Test Saline wet-prep is definitive if positive; culture to increase sensitivity
Candida albicans, other Candida sp.	Vaginitis, balanitis	10% KOH prep; Gram stain	Rapid test is definitive if positive; culture to increase sensitivity
Bacterial vaginosis, anaerobic bacteria	Malodorous vaginal discharge with or w/o pruritis	Saline wet prep, whiff test, and vaginal pH; Gram stain	Rapid tests are definitive; culture for <i>Gardnerella</i> and anaerobes or gas liquid chromatography increases sensitivity
Herpes simplex virus (HSV)	Genital ulcer	None	Ulcer; direct FA slide; culture; EIA; PCR; serological tests: Western blot, EIA

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A Clinician's and Health Professional's Guide

Partner Management

Breaking the Chain

Evaluation, treatment, and counseling of any sex partners of patients diagnosed with an STD is an essential strategy for prevention and control of STDs. Identified and fully supported by the Centers for Disease Control and Prevention (CDC), partner notification is an effective and important tool in breaking the chain of infection.

Partner Notification

Partner notification is the act of informing the sex partners of patients infected with a STD that they may have been exposed and are at risk of infection. Notification can be made by using the index - the original patient informing past sexual partners of the exposure on their own - or by giving the identifying information of the exposed partners to Disease Intervention Specialists (DIS) at the local health department. The index/original patient or DIS can complete a partner notification without disclosing the source of the exposure, thus protecting the confidentiality of the index/original patient. The exposed partner is also offered STD education, counseling and referrals for testing and preventative treatment.

Next Steps

Kalamazoo County Disease Intervention Specialists (DIS) will conduct notification of contacts to gonorrhea and chlamydia for Kalamazoo County residents only. If the exposed partner is not a resident of Kalamazoo County, the information is given, without the original patient's identifying information, to the DIS of the county where the partner resides. All cases of syphilis will continue to be followed up by DIS from the Michigan Department of Health & Human Services. Due to an increasing number of cases reported to KCHCS, all cases of chlamydia and gonorrhea reported to the STD Clinic are prioritized for interview and partner notification services according to internal protocols based on the patients' potential risk for reinfection and health complications.

Kalamazoo County Health and Community Services Prevention Specialists follow up with and provide partner services to all individuals testing positive for HIV. Please continue to submit case report forms for positive HIV tests, as this is what alerts the Prevention Specialists to the need for partner services.

If the partner (or partners) are not present at time of the infected patient's clinic visit, the provider should inform the patient that it would be best to have all partners exposed during the previous 60-90 days come into a clinic for examination, testing and treatment.

Special Populations

To avoid missing opportunities to provide other clinical services, additional recommendations apply for certain patients, such as those unable or unwilling to contact one or more partners, or if the patient is a man who has had sex with other men.

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A Clinician's and Health Professional's Guide

Data and Reporting

The following sexually transmitted infections are reportable to Kalamazoo County Health & Community Services:

- Chlamydia
- Chancroid
- Gonorrhea
- Hepatitis
- Human Immunodeficiency Virus (HIV)
- Lymphogranuloma Venereum (LGV)
- Syphilis

Physicians and laboratories are **required by law** to report these infections to the health department within a 24 hour time period.*

Reports should be entered electronically into the Michigan Disease Surveillance System (MDSS). For reporting related questions or to register for MDSS, please call 269-373-5198.

Why Report STDs?

Reporting a communicable disease is important.

- Provides a means for assessing trends in epidemic patterns and identifying outbreaks
- Provides understanding of the impact that the burden of disease has on populations, on health care infrastructure, and provides needed information to better target disease prevention efforts
- Assures the adequate treatment of infected individuals in order to reduce the duration of infectiousness and prevent sequelae of infection
- Identifies cases in a timely fashion to interrupt the chain of infection through patient-level interventions, such as management of sexual contacts and behavioral risk reduction counseling

More Information:

Communicable Disease Reporting - [Health Care Professional's Guide to Disease Reporting in Michigan](#)

Reporting STDs in MDSS - [Directions for Healthcare Providers Reporting Chlamydia and Gonorrhea Cases using MDSS](#)

MDHHS- [Communicable Disease Reporting in Michigan](#)

MDHHS- [Michigan Communicable Disease Rules](#)

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A Clinician's and Health Professional's Guide

Patient Confidentiality

Confidentiality concerns can be significant barriers to patients seeking STD-related care. This is particularly true for teens & young adults seeking care without the knowledge of a parent or guardian.

Adolescent Health Laws

A minor can receive certain services related to STD prevention and control, including STD testing and treatment, or birth control services without parental consent.

For more specific information, see the Michigan laws related to minor consent for care summarized [here](#).

For information on HIPAA, click [here](#)

QUICK TIPS!

- Make it policy to have patients fill out a preferred method to be reached for follow-up on lab results.
- If allowing others to be in the room with the patient, make it policy to have partners/spouses/parents leave the room for part of every exam. Post the Confidentiality Policy Poster in waiting areas and/or provide and discuss the [policy handout](#) with adolescent patients and parents.
- Discuss patient confidentiality during every visit to develop and foster trust.

Billing Concerns

Billing concerns can be significant barriers for patients seeking STD-related care, especially for teens seeking care without the knowledge of a parent or guardian. The concern may be due to an inability to pay for care, or that insurance notification may be sent home verifying that services were rendered.

Federal HIPAA regulations allow health care providers, including health plans and laboratory providers, to disclose protected health information when they seek payment or make a referral for treatment. The issue is an

BILLING TIPS!

- Make sure staff are familiar with laboratory and third party payer policies and procedures, and which labs and insurers routinely send bills, EOBs, and appointment notices.
 - Call the 3rd party payer and inquire ahead of time or at the time of service regarding policies and procedures (i.e. what is contained within the EOBs).
 - Provide information regarding outsourcing of any lab procedures regarding billing and payment policies.
- Make optional billing and payment methods available and ensure that patients are offered an opportunity to pay privately if they wish to avoid parental or spousal/partner involvement.
 - Make sure billing statements sent out by the clinic do

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Adolescent Health Confidentiality Policy

(Keep signed policy in patient's chart)

The teenage years are a time of many changes in your child's body and feelings, made more difficult by peer pressure. Patience and care are needed to offer good health care to teens. It is good for parents to come with their teens to health care visits and stay active and involved in their health care. However, parents must understand that teens need to take more responsibility for their health care. Doctors or nurses may ask to spend some time with your child alone.

As your child begins to take a bigger role in his/her own health care, he/she will be in charge of:

- Learning and being aware of his or her own health needs.
- Talking openly with their health care provider about medical concerns.
- Following treatment plans as agreed on.
- Keeping appointments.

There are some times when state law allows teens to give permission for his/her own care. In these cases the records from those services will be kept from parents unless there are safety issues. For example, teens that have or think they have a sexually transmitted disease (STD) may see the doctor and be treated for that STD without a parent knowing. The medical records for these services are confidential (kept secret). However, there are times when a teen's life or well-being would be at risk without family help, and if that happened the information would be shared with the parents.

Parents with questions or concerns about this policy are asked to share their concerns with their teen's doctor or health care provider.

I have read this policy and talked about any concerns (fears and/or worries) with my child's doctor or health care provider.

Patient signature: _____

Date: _____

Parent signature: _____

Date: _____

Adapted with permission from Spokane Regional Health District and Spokane County Reproductive Health Initiative



A Clinician's and Health Professional's Guide

Speakers Bureau

A professional Speakers Bureau has been established to provide training and presentations about STDs. Clinician volunteers are available to provide presentations, lectures and trainings to a wide range of audiences, including targeted trainings for clinicians, adolescents and the public.

STD Presentations and Trainings Address*:

- Information on each STD including definitions, symptoms, and treatments
- Risk reduction techniques
- STDs in Kalamazoo County

**Customized presentations may be available upon request*

To find out more or to schedule a presentation, please contact Kalamazoo County Health & Community Services at (269) 373-5207 or [email](#)

Joining the Speakers Bureau:

Do you have subject matter expertise and an interest in helping to educate your community medical providers and/or public? If so, please contact Kalamazoo County Health & Community Services at (269) 373-5207.

Additional Speakers are always welcome!

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A Clinician's and Health Professional's Guide

Policy & Press

Find updates on policies specific to Michigan and current and upcoming legislation related to sexual health.

Expedited Partner Therapy

Expedited Partner Therapy is a single dose therapy (medication or prescription) given to individuals infected with Chlamydia and/or gonorrhea to pass on to all partners who may have been exposed.

See information on the current Michigan laws [here](#).

A house bill was introduced on 5/15/13 to allow for Expedited Partner Therapy in Michigan. It was passed in the house on 10/30/13 and is now with the Senate. For more details and updates, see [Michigan's legislative website](#).

2015 Update ... "[Darany ends 2013-14 session with third bill on its way to be signed into law](#)"

In the Press

["Risk of sexually transmitted disease must not be ignored \(Editorial 8/7/15\)"](#)

["Sexually Transmitted Disease cases soar in Kalamazoo County \(7/23/15\)"](#)

["Sex Talk: Disease experts track down at-risk teens \(7/23/15\)"](#)

["Recruiting Patients in Kalamazoo fir STD Clinic \(7/23/15\)"](#)

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How do we use the STD Toolkit?

- Medical Professional educational resource
 - Lab testing collection
 - Current CDC treatment guidelines
 - Patient sexual history questions
- Resource for School health education professionals
- Promote available STD educational trainings
- Community STD statistics



Plans & Future Use

- Accessible for patients and providers
- Parent resources
 - Guidelines about how to discuss sex and STDs
 - Links to CDC & Office of Adolescent Health
 - Special tips



Thank You!

For content suggestion, please contact Kristen Wehling:
kawehl@kalcounty.com

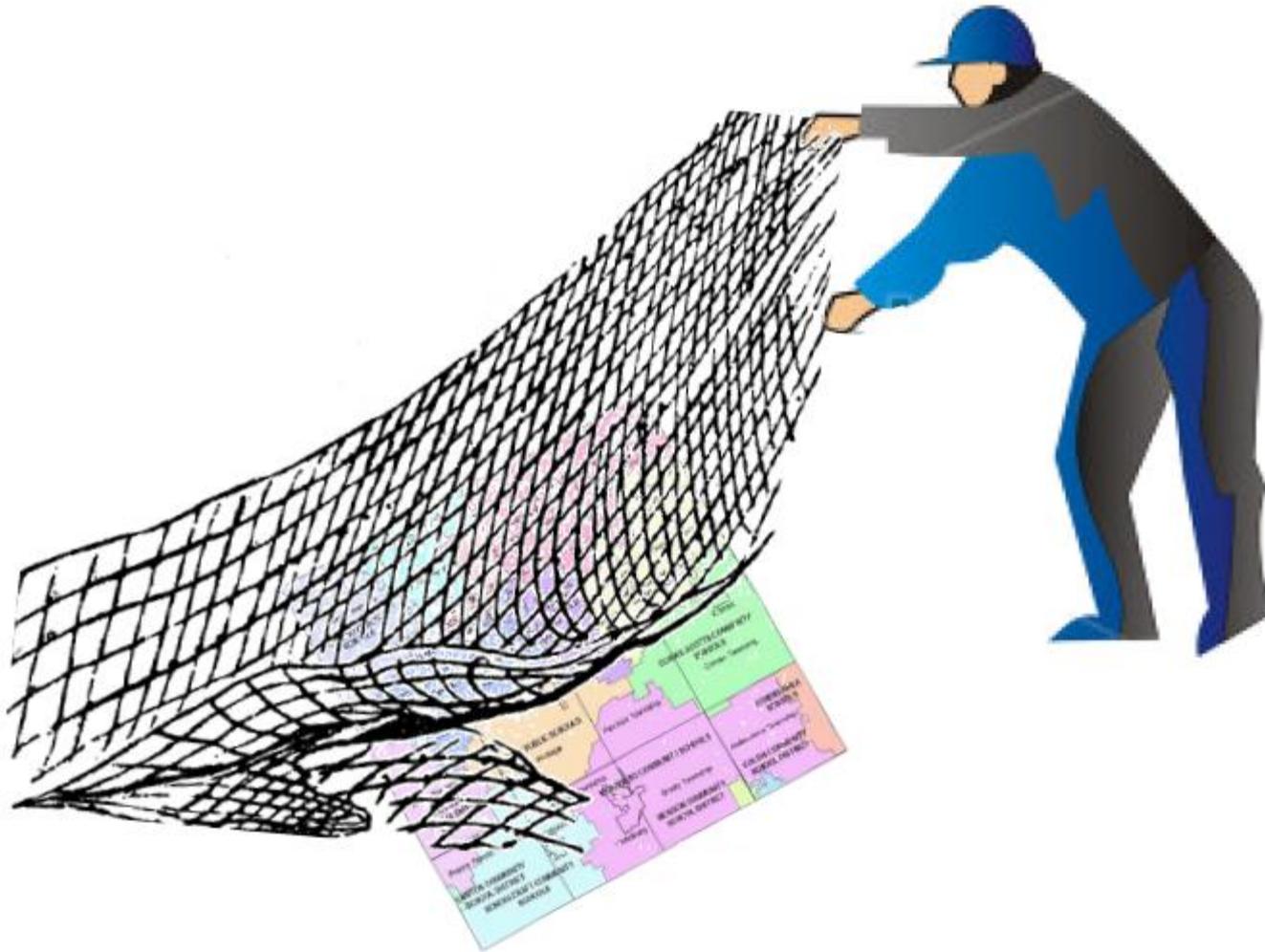


Health & Community Services Department
Promoting Health For All

STD Task Force

- **First meeting:** Thursday, November 19
 - From 12:00-1:00pm
 - KCHCS Department (Nazareth Complex)
 - 3299 Gull Road
 - Georgian Room
- Presentation on barriers to sexual histories
 - Guest Speaker: Dr. Lia Gaggino
- Defining our mission
- Seeking at least 1 representative from practices, community/faith organizations, schools





Health & Community Services Department
Promoting Health For All

Please complete the survey and submit at the front table on your way out.



Health & Community Services Department
Promoting Health For All