Syphilis Cases

Department of Health / Maui AIDS Foundation
Tiare is in NO way associated with any/all tacky aspects of this presentation....I am staking personal claim on all idiocy.

WARNING

****DISCLAIMER****
<table>
<thead>
<tr>
<th>Tiare Sua - MAF</th>
<th>Janelle Miller - DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PrEP Project Coordinator.</strong></td>
<td><strong>BSc, Med. Lab. Sci; Microbiology</strong></td>
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<tr>
<td>Empowered LGBT youth educator.</td>
<td>Epidemiologist for the Hawaii State Department of Health</td>
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<tr>
<td>HIV/STI &amp; HCV Counselor, Tester &amp; Referral</td>
<td>Tester, counsellor, educator, partner services and disease investigative specialist</td>
</tr>
<tr>
<td>UH Student (Future NP)</td>
<td>An unwitting and unplanned new “Queen Of Syphilis”</td>
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<tr>
<td>Police officer of syphilis.</td>
<td></td>
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</tbody>
</table>
Syphilis Queen “Princess Court”

- MISS UNDER Stood
- MISS Taken
- MISS Bea hayve
- MISS Chiff
- MISS Cum Uni Kate
- MISS Con ‘Sup Shun
- MISS Giving
- MISS AaaiMmm
HOT Topics!

- Rapid Syphilis Test Pilot
- Linkage ladder
- Outreach
- Maui County Syphilis Cases
- Linkage to care and follow up (Partner Services)
- Impact of Syphilis testing
- Outlier Observations Success Stories
Rapid Syphilis Test “Pilot”

- John H. wanted to be innovative and progressive and broaden testing services.... MAF prevention team implemented the rapid Syphilis Test
- Since DOH was already directly linked to drawing the blood for HIV confirmatory, this was an easy and sensible choice
- Together we created paperwork to allow for efficient and compliant workflow
- **Immediate** connection to referrals and services
- Started MARCH 2016
Paperwork

- **Focused on:**
  - Updated policies and Procedures
  - Interagency MOA
  - Informed Consent
  - Confidential Information Agreement
  - Documented if previously dx/exposed
  - Luther # of agency so DOH could enter and finalize reports
Linkage Ladder

- Recruit for testing
- Offer to those coming in for just HIV/Hep C or PrEP info
- Screen Presumptive Positive on syphilis rapid test
- Paperwork to Release info to DOH/Provider
- Phlebotomy to draw confirmatory
  - DOH
  - MAF, from this process they took on training/certification
- Referrals to agencies and services, regardless of confirmation result
  - PrEP
  - Provider/Insurance
  - Immediate Partner Services
  - Enhanced Partner Testing
Outreach

- MAF
  - Outreach in different parts of the island as well as Moloka’i and Hana.
  - Condom distribution in high risk areas. (beaches, bars and night events)
  - We screen every individual for syphilis except those previously diagnosed or not identified as at risk.
  - Social Media such as Grindr, Facebook, Instagram etc.
    - Incoming Travelers through social media
  - Referrals from providers because client doesn't have medical insurance.
  - Collaboration with UHMC Nursing Students.
  - Increase of individuals inquiring about PrEP who didn’t plan to test for HIV/STI & HCV.
What does this mean “In the Big Picture”? 

How do we measure our SUCCESS?
Maui County Syphilis Cases

Overview of syphilis impact on Maui County

2015 2016 2017
Impact of Syphilis Testing

For us.....
Importance of Follow up

MAF/ Maui SYPHILIS Case Relevance

- Total rapid tests run
- MAF screened +
- DOH confirmed (from MAF+)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Rapid Tests Run</th>
<th>MAF Screened</th>
<th>DOH Confirmed (from MAF+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>84</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>2017</td>
<td>168</td>
<td>29</td>
<td>11</td>
</tr>
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Workload Impact!

Feeling like an LAPD Homicide Detective from Investigative Web 😊, haha...

[Chart showing workload impact with categories for 2015, 2016, 2017, and 2018, with categories for Investigations and Partner Services, MAF +, and DOH confirmed.]
Partner Services continues....
What did our Negative confirmatory numbers really mean/indicate....?

Was this too high of a “False Positive” testing rate?
Real Meaning of the "NEGATIVES"

Closer look at the Negative Confirmatory Tests that originally tested + at MAF rapid screen

<table>
<thead>
<tr>
<th>Year</th>
<th>Old Exposure/Prev Txds F/U</th>
<th>In WP Needs F/U</th>
<th>True Biological False Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2017</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Legend:
- Old Exposure/Prev Txds F/U
- In WP Needs F/U
- True Biological False Positive
2016 – shows importance of medical follow up with unusual lab tests

2 true Autoimmune conditions discovered and appropriate medical care

1 in WP but later came up positive for syphilis on f/u test, also was a new HIV+ at the time of original testing

NEGATIVES don’t just mean stop & assume all is well….and that the process is complete

• 2016 – shows importance of medical follow up with unusual lab tests

• 2016-shows the importance of WP testing f/u, especially in co-infected individuals

• 2016- follow up and a type of “case management” that got incidentally and intuitively created is now understood to be an essential part of the rapid screening program
1 True Biological FP- currently taking Immunotherapy

2017- Also to note on this case: Brazil/ last neg 1 yr prior, HIV neg, and possible lymes dx exp (travel), msw

The other low risk “FP” f/u in 3+ months time...

2017-1 fsm (not bi claimed), 3msm (no sex in interview period claimed/recd oral only, and –or- had prev. negative recently <12mos)

The rest are in WP...

2017- all msm, except one female, siw and male partner bi 3/10 came up negative at 3 mos f/u –tested with me, and no new case reports with their names from outer providers....
Outlier Observations

- More females got tested, named as P1, confirmed & treated, (taking us beyond the demographic of prenatal and Immigrant/KOFA popn).
- Identified trafficked individuals and appropriate referrals/actual connections made
- Homeless and Uninsured =higher insurance connection
- Added a naturopath provider as a DOH partner
- Symptomatic individuals
- DOH could now give a sweeping “Heads Up” to community providers regarding increased incidence and to add syphilis to a more frequent schedule. (HIV+ in care /PrEP/ female STD screens)
Also:

- Super important to not do the rapid screen on previously dx individuals, but to have them test via the conventional method (blood draw)
  - Interviewing in depth to catch this.... And refer properly
- We’ve become much better “gatherers” of data and understand that many other points of interest relate to this data, that we initially were not focusing on. Now our capture of reliable and usable data can take us much further..... we should be capturing.....

- GUT Instinct is alive and well ! ☺ Trust it. Apply it.
Our PrEP community grew exponentially from this, from referring, to getting providers on board, to clients actually going on Rx. ID SAY THIS IS THE most impactful, unpredicted outcome!

From all the follow ups from this testing-(and every DOH investigation for that matter), everyone was referred for PrEP and a growing number are now on it.

HAWAII to ZERO !!!!!
Collaboration is a key form of success that we utilize in Maui County. Networking with local organizations, medical clinics and countless members of the community; together we make a powerful impact to thrive.

*Kulia i ka nu’u*

*(Strive to reach the highest.)*