



Quality and Performance Measures (QPM) Team

Meeting Notes September 16, 2020

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Meeting Notes

Participants: Nitza Agosto, Clifford Batson, Daniel Davidson, Christina Del Vecchio, Linda Ferraro, Shannon Francis, Miguel Gonzalez, Juan Hernandez, Clunie Jean-Baptiste, Dionne Kotey, Barbara Ligon, Heather Linardos, Susan Major, Gabrielle Mitchell, Lynn Mitchell, Consuelo Muñoz, Mitchell Namias, Peta-Gaye Nembhard, Dustin Pawlow, Luje Pierre Louis, Ken Ploud, Tajae Sergeant, Robert Sideleau, Sue Speers, Jen Vargas, Idiana Velez, Danielle Warren-Dias

Facilitator: Nilda Fernandez

Recorder: Dave Bechtel

Meeting Accomplishments

The team accomplished the following tasks:

- Linda Ferraro presented the latest STD (sexually transmitted disease) data, along with potential STD indicators for the team to consider.
- The team discussed the implications of the data and will continue the discussion of an STD indicator at the October meeting.

Identified Tasks

- Linda Ferraro will send additional information on the locations of congenital syphilis cases (see page 3) and the [Tell Your Partner](#) app (see page 4).
- QPM staff will email the STD presentation to the team along with the meeting notes.

Next Meeting

- October 21, 2020 at 11:15 a.m. virtual meeting
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Welcome

Connecticut Department of Public Health (DPH) liaison Sue Major welcomed everyone to the online meeting of the Quality and Performance Measures (QPM) Team at 11:16 am and QPM participants introduced themselves. Participants approved the August notes with one addition (adding Daniel Davidson to the list of participants).

DAC co-chair Nilda Fernandez reviewed the agenda and approach for the meeting. Linda Ferraro is going to present the latest STD data. Over the past few years, QPM has talked about creating an STD indicator, and can use the data from Ms. Ferraro's presentation to discuss and identify potential indicators.



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Ms. Fernandez reminded the team about the approach for our online meetings:

- Please mute your audio during the presentation.
- Participants can use the Chat box and unmute themselves to have our discussion today.

STD Data Presentation

Ms. Ferraro presented the latest STD data (see the full presentation for details). Highlights included:

2019 data. The 2019 data is not final yet; the final numbers may change slightly.

Syphilis. Ms. Ferraro first reviewed the definition and four stages of syphilis. Syphilis is a systemic infection that if left untreated can cause a variety of manifestations, is contracted mainly by infection during sexual intercourse, but also congenitally by infection of a developing fetus. The four stages are primary, secondary, early latent, and late latent.

Ms. Ferraro then reviewed the latest data:

- Syphilis rates were very high in the early 1990s, decreased in the late 1990s, but have doubled from 2015 through 2019. In 2019, Connecticut had a rate of 5.7 cases per 100,000 people.
- The vast majority of cases are among males. The highest rates are among young people (ages 20 to 34), although rates have also been increasing for people over age 45. The largest number of cases in 2019 are among White people, although the number of cases has also been increasing for Black/African-American and Latinos (where race/ethnicity is known). Most of the cases are among MSM (men who have sex with men) and in Connecticut's cities.
- Another area of concern is that there have been cases of congenital syphilis in recent years, with 3 cases in 2019. This is typically due to lack of prenatal care or follow-up care.

Gonorrhea. Gonorrhea is the second most common reportable disease in the United States. The latest data includes:

- The rate of cases per 100,000 has increased in recent years, to 124.5 in 2019. The rates for both males and females have more than doubled from 2015 through 2019.
- The highest case rates are among young people ages 15 to 29. The highest number of cases is among Black / African-Americans, although more than 57% of cases have no information on race/ethnicity. Most cases are in Connecticut's cities.

Chlamydia. Chlamydia is the most common reportable disease in the United States. The latest data includes:

- The rate of cases has been steadily increasing over the past 20 years, to 432 per 100,000 in 2019. The rate has increased for both males and females.
- There were approximately twice as many cases among females compared to males in 2019, although this could be due to routine testing of young women. As with syphilis, the highest case



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rates are among young people ages 15 to 29, with the majority of cases among people ages 15 to 24. Cases have been increasing for Whites, Black/African-Americans and Latinos, with the highest rate among Black/African-Americans (note 41% of cases have no information on race/ethnicity).

STD testing. Ms. Ferraro stated that there is a national shortage of testing supplies, particularly for chlamydia and gonorrhea. In combination with the closing of STD clinics in spring 2020, this will affect the 2020 data. There may be a drop in the number of cases due to reduced testing, rather than due to a decrease in infections.

In addition, the STD Control Program will begin exploring the feasibility of STD home testing in 2021.

Potential STD indicators. Ms. Ferraro suggested that QPM consider the following indicators that DPH is planning to collect data as part of a new program:

- The number and percent of investigated cases who were newly diagnosed with HIV within 30 days after syphilis diagnosis.
- The number and percent of investigated syphilis cases who were educated and referred to PrEP within 30 days after syphilis diagnosis.

STD Discussion

Ms. Fernandez facilitated a discussion of on the presentation, primarily using **questions and comments** submitted via the Chat box.

Danielle Warren-Dias. Where were the **congenital cases** of syphilis?

- After the meeting, Ms. Ferraro shared the location of the cases: Orange, Waterbury and Bridgeport.

Danielle Warren-Dias. Both of those **indicators** make a lot of sense.

Idiana Velez. I agree with Danielle!

Idiana Velez. With the indicators, why just syphilis patients referred for PrEP within 30 days and not any other STD?

- Ms. Ferraro stated that DPH does not have the staff to do contact tracing for gonorrhea and chlamydia. The number of chlamydia cases (10,000+) is too large, but Connecticut is looking to pilot contact tracing for gonorrhea.

Nilda Fernandez: Do we have data on the number of **pharyngeal tests**?

Bob Sideleau. I think collection and analysis of the anatomical site breakdown would be very informative. So often infections are missed because of limitation on performing them in the body sites.

- Ms. Ferraro noted that DPH is trying to collect this data, but did not think there was a breakdown for all sites.



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Danielle Warren-Dias. I wonder if our leadership will look into **follow up on the other STDs** now that we are seeing such a drastic increase in the White population.

- Ms. Ferraro also noted a new phone app, Tell Your Partner, that notifies partners anonymously about exposure to an STD. Peta-Gaye Nembhard asked if we could get a presentation on the app? Ms. Ferraro will try to identify a person who could present.
- After the meeting, Ms. Ferraro provided additional information on the app: The link <https://tellyourpartner.org> has additional information, including a menu in the right upper corner that explains how it works.

Juan Hernandez. How can **all stakeholders combine forces** in providing additional prevention awareness in the Black/African American communities? I feel like we're missing something in gaining their attention, given the high percentages in STIs. The percentages are shocking.

- Ms. Ferraro agreed. We need to do a better job of communicating the data. DPH would like to develop infographics that show the increase in STDs.
- Ms. Fernandez stated that we need more structural changes and leadership on this issue. DPH does not have enough staff for contact tracing, but we are seeing the increases in gonorrhea cases among females and in chlamydia cases among young people. We have to call it out. We need a call to action.
- Ms. Ferraro agreed, noting that STD funding has been flat for 10 years despite the increase in cases. National partners are advocating for more resources. The COVID-19 crisis may increase awareness of the importance of public health and of contact tracing (which is what Partner Services does).
- Ms. Fernandez suggested that COVID-19 could lead to a further increase in STDs among young people (i.e., at home with nothing to do).
- Ms. Ferraro noted that when STDs clinics closed, there was no routine screening happening. Now that clinics have re-opened, they are seeing more complicated cases. We also need to work with providers; there is still stigma among some providers in caring for people with STDs.

Miguel Gonzalez. Maybe the use of **PrEP** without using condoms is making STD numbers go higher. MORE OUTREACH! MORE TESTING!

Mitchell Namias. PrEP uptake has been increasing, particularly among the white population...would explain the drastic increase.

Idiana Velez. That could be tricky to assume only because people weren't using condoms even before PrEP. It could also be related to the increase in testing.

Daniel Davidson. STD rates are very high among people as they go onto PrEP, so I would avoid suggesting PrEP is the cause. Even better data (are people who test positive for STDs on PrEP) wouldn't tell you that.

Bob Sideleau. PrEP use by patients means they are receiving lab testing for renewal of prescriptions. It's also an opportunity for providers to re-educate patients.



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Juan Hernandez. There are many misconceptions about using PrEP in our community. We need additional education.

- Ms. Major stated that we don't know exactly why STDs have been increasing. It could be from more testing and/or better testing.
- Ms. Ferraro stated that there are studies looking at the impact of dating apps. This may be contributing to more infections in sexual networks. The jury is still out. The National STD Prevention Conference is this week, and they are looking at this and at other options for preventing STDs (e.g., universal screening for youth).

Danielle Warren-Dias. Maybe the **opioid epidemic** will also shed light and action on STDs.

Summary and Next Steps

Ms. Fernandez thanked everyone for their participation, and encouraged participants to push for the testing we need. We will not end the HIV epidemic if STD rates remain high. We can help register people to vote and ask candidates about increasing funding for STD prevention.

The final 2020 QPM meeting will be on October 21. The team will receive an update on tasks from previous meetings (not discussed today due to time constraints), continue the discussion of an STD indicator, set targets for several indicators, and plan for next year. Ms. Nembhard suggested hearing from sites that are implementing **COVID-specific initiatives**, since this is likely to continue to be the new normal in 2021.

Finally, Ms. Fernandez asked participants to share feedback on the meeting via the chat (see sidebar).

Meeting Feedback via Chat

- Mitchell Namias: Great job Linda.
- Clunie Jean-Baptiste: Good presentation.
- Juan Hernandez: This was great. Thanks.
- Danielle Warren-Dias: This meeting went well.
- Bob Sideleau: You are always great Nilda!!
- Daniel Davidson: Thanks, everyone.

Adjourn

The meeting adjourned at 12:28 pm.

##End QPM Notes##