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September 10, 2021

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE STD RATES IN LOS ANGELES COUNTY (ITEM 58-A, BOARD AGENDA OF MAY 29, 2018)**

This is in response to your May 29, 2018, motion requesting that: 1) the Department of Public Health (Public Health) report back on the progress made toward implementing several directives to help reduce the rates of Sexually Transmitted Disease (STD) in Los Angeles County (LAC) and 2) that Public Health report every quarter thereafter on progress made toward the priorities outlined in the STD Prevention and Control Work Plan (STD Work Plan).

Please note that the COVID-19 pandemic continued to negatively impact most STD control related services and activities throughout LAC since the last update to your Board on May 17, 2021. As shared in previous memos, the COVID-19 response has impacted Public Health's direct and indirect response to STDs. This memorandum provides updates on activities from the last report and through June 30, 2021, unless otherwise noted.

Background

On September 7, 2018, I shared with your Board a report outlining: 1) a STD Legislative and Budget Advocacy Plan including efforts at the State and federal levels; 2) efforts to engage hospitals and health plans; 3) opportunities for expanded STD screening and treatment capacity in both the public and private sector; and 4) a summary of the STD Work Plan. The STD Work Plan includes the four priorities listed below:

1. Improve the early identification of cases through testing of at-risk populations;
2. Interrupt disease transmission through the appropriate treatment of cases and their partners;
3. Educate consumers and community to increase awareness and empower people to make decisions that protect health; and
4. Create effective policies to impact health care provider behavior.

Since the last update to your Board, several points tied to local STD data have emerged or have been reinforced. COVID-19 not only continues to impede Public Health's ability to monitor the STD epidemic in real time, but it also continues to impact the provision of STD services by public- and private-sector partners. Overall, the reduction of STD screening throughout the County has reduced the identification of cases. Separately, the COVID-influenced expansion of tele-medicine has resulted in an increase in STD treatment based on symptoms and a decrease in STD treatment based on diagnostic testing (e.g., STD treatment is provided without confirmatory testing). As a result of the increase in presumptive treatment, our ability to accurately monitor disease trends has been impacted. In addition, existing STD surveillance resources continue to be needed for the local COVID-19 response, leading to expected delays in data entry and data submission to State and federal funders and hampering data quality assurance, data analysis, and data dissemination efforts.

Due to these limitations, Public Health recently released the 2019 STD Surveillance Snapshot, after some delay. The snapshot highlights the continued increases in STDs compared to the previous report year (2018) with increases of 9% for syphilis, 60% for congenital syphilis and 4% for chlamydia. During 2019, gonorrhea decreased by 4% compared to 2018. Please note this data excludes data from the cities of Long Beach and Pasadena due to reporting delays at the State level. Though LAC experienced an increase in reported STDs in 2019, it has been more difficult than usual to fully understand disease trends in 2020 and 2021. We will be able to describe a more accurate picture of STD morbidity trends in LAC once resources are available to examine the data more fully.

Key 2020 Data Points

As previously shared, after the issuance of the first Safer at Home Orders in March 2020, LAC experienced a decline in the number of reported chlamydia, gonorrhea, and syphilis cases, except for congenital syphilis (CS)¹, which has continued to significantly increase over the last several years. Given the erratic and delayed nature of STD reporting in 2020, an accurate assessment of month-to-month changes in STD-related morbidity has been difficult to achieve. Conversely, data tied to syphilis diagnoses among pregnant women and associated birth data continues to be reliable. In 2020, there were 113 CS cases reported through the end of 2020, compared to 88 reported at the end of 2019.

Key 2021 Data Points

Though fewer syphilis and congenital syphilis cases have been reported in early 2021 compared to early 2020, more analysis and time is needed to confirm if this trend is related to an actual decrease in morbidity or is an artifact of delayed reporting. Given the strong relationship between both syphilis and CS cases and several other co-factors (e.g., methamphetamine use, homelessness, mental illness), we anticipate that high rates of syphilis will persist in 2021.

Improve Early Identification of Cases

Public Health plans to continue to work to improve screening rates and build screening capacity across several health care delivery systems. As the COVID-19 pandemic improves, Public Health will work to resume efforts to establish baseline screening rates for sub-populations targeted for STD screening, and for the most disproportionately impacted groups.

Expanded STD Screening and Treatment Capacity

¹ A case of congenital syphilis is reported when a mother with syphilis passes the infection on to her baby during pregnancy.

Contract Update

As shared in previous updates, Public Health released a Request for Proposals (RFP) for HIV Testing and STD Screening, Diagnosis, and Treatment Services (STD-SDTS) in 2019. As part of this RFP, Public Health diversified and expanded the number of community-based partners providing highly targeted STD services. Ten new STD screening, diagnosis and treatment services contracts were approved by Public Health effective January 1, 2020, as well as four new STD Sexual Health Express Clinics (STD SHE-X) contracts, effective February 1, 2020, using the delegated authority approved by your Board on November 20, 2018.

The November 17, 2020 and May 17, 2021 memoranda to your Board provided a detailed update of the 43 HIV and STD contracts that were awarded as a result of the above-mentioned RFP. The 43 contracts included 29 for HIV testing services (HTS), 10 for STD-SDTS, three for STD SHE-X, and one for HIV and syphilis testing in commercial sex venues. While all 43 contracts have been fully executed, they have been at different levels of operation during the COVID-19 pandemic (e.g., providers either temporarily closed their clinics, significantly reduced clinic hours, or operated at reduced capacity). In general, providers continue to be open for appointment-only services (no walk-ins) and are operating between 60% to 80% capacity.

Since my last Board memorandum on this subject, Public Health received notification from one of the 10 STD-SDTS providers (Community Health Alliance of Pasadena) that they intended to relinquish their STD contract effective June 30, 2021 and would no longer provide the STD services funded by Public Health. Currently, there are no other Public Health-funded providers providing STD-SDTS services in the City of Pasadena. Public Health is reviewing this request and exploring options to prevent a gap in services, including with an existing STD-SDTS provider as well as a sexual health service partner in SPA 3 not currently supported through the STD-SDTS program. Public Health intends on re-investing those resources once an alternate solution is identified.

Public Health Laboratory Cost Update

As shared previously, the delivery of STD-SDTS requires the collection and processing of specimens (e.g., urine for gonorrhea and chlamydia, blood draw for syphilis, or rectal and pharyngeal swabbing for gonorrhea and chlamydia). Historically, Public Health has expanded the reach of local STD service delivery by covering the STD specimen processing costs for a subset of STD service providers who use the Public Health Laboratory (PHL). Public Health continued to cover laboratory specimen processing costs for contracted providers in calendar year 2020 and this arrangement has been continued into calendar year 2021. Public Health will share relevant STD laboratory cost information as it becomes available.

STD Screening, Diagnosis, Treatment, and Counseling Services at Public Health Centers

Although STD services were curtailed or discontinued at Public Health Centers earlier in the COVID-19 pandemic, during the last quarter, Public Health re-started the delivery of confidential STD screening, diagnosis, treatment and counseling services at Central Health Center, Martin Luther King, Jr. Center for Public Health, Whittier Health Center, North Hollywood Health Center, and Ruth Temple Public Health Center. More recently, Public Health reinstated these STD services at two additional clinics, Hollywood-Wilshire Health Center and Antelope Valley Health Center. The re-opening of Public Health Centers will increase access to STD services, but other STD service providers, including community-based STD service providers, will be critical to meeting growing STD-related service needs.

Billing by Public Health for STD Services

Public Health continued to offer STD-related provider, laboratory, and diagnostic services at Public Health Centers at no charge and continued to bill public and private payors for these services through a Financial Services Management Agreement. This Agreement allows Sutherland Healthcare Services, Inc. to bill for these and other clinical public health services on Public Health's behalf. Public Health's updated Medi-Cal application, which reclassified Public Health's provider type, was approved for all eleven Public Health service delivery sites. Public Health has resumed Medi-Cal billing for STD-related services and anticipates that the recent reclassification will reduce payment denials for services that are provided to eligible Medi-Cal beneficiaries in County-operated Public Health Centers.

As reported in the last Board memo, Public Health continued to pursue other revenue streams to support STD and family planning services, including through the California Family Planning Access, Care and Treatment (Family PACT) Program. This State-sponsored program provides comprehensive family planning services, counseling, and information to men and women who meet income eligibility requirements. Family PACT applications were re-submitted for five clinics that provide eligible STD and family planning services (Martin Luther King, Jr. Center for Public Health, Torrance Public Health Center, Central Health Center, North Hollywood Public Health Center, and Curtis R. Tucker Public Health Center). The re-application is pending review from the State of California. During this time, Public Health continued to offer these family planning services at no charge to Family PACT-eligible individuals and requested Medi-Cal payment for reimbursable services.

As noted under the *Collaboration with Health Plans and Hospitals* section below, Public Health continued discussions with LA Care regarding reimbursement for HIV, STD, family planning, and other clinical services for LA Care members.

Collaboration with Federally Qualified Health Centers

Public Health has executed a memorandum of understanding with L.A. Christian Health Centers (LA Christian). As of October 9, 2020, LA Christian staff began using Public Health's Mobile Clinic to offer syphilis screening for vulnerable women of reproductive age in the Skid Row area once per week. As part of this arrangement, the team offers rapid syphilis testing, syphilis serologies, and onsite syphilis treatment, when necessary. To date, LA Christian has conducted 231 rapid syphilis tests and performed 86 confirmatory blood draws, identifying 26 cases of syphilis.

Public Health planned to provide rapid syphilis testing services through an existing partnership with John Wesley Community Health (JWCH) through Public Health's Leavey Central Satellite Clinic for Tuberculosis. These services will resume once Public Health resources are available.

Collaboration with Health Plans and Hospitals

Prior efforts to collaborate with local Medi-Cal managed care plans to improve syphilis screening, promote three-site testing for gonorrhea and chlamydia among at-risk patient populations, and increase chlamydia screening among young sexually active women, were deferred due to Public Health's ongoing COVID-19 response. Public Health plans to resume these efforts before the end of 2021. Since the last quarterly report, Public Health and LA Care reinstated discussions regarding the update to our shared Memorandum of Understanding (MOU), which will likely address promotion of HIV, STD, and family planning services among LA Care providers and members, as well as reimbursement for these services. In August 2021, LA

Care met with representatives of the Public Health Programs and Divisions whose work will likely be reflected in the MOU, including the Division of HIV and STD Programs. LA Care discussed the rationale for the new agreement, the proposed scope of the MOU, and a potential approach and timeline for the updates. Public Health will identify priorities for the agreement, assess potential impacts on billing and credentialing processes, and coordinate with LA Care to develop a timeline and action plan for updating the agreement.

Syphilis Screening:

Expanding syphilis screening opportunities is critical to identifying undiagnosed, infectious syphilis cases, treating those cases, and identifying contacts to prevent the forward transmission of this bacterial STD. As shared previously, the impact of the COVID-19 pandemic has decreased the number of available syphilis testing sites and the number of in-person visits for syphilis testing. Since the last Board memorandum, LAC continues to follow the California Department of Public Health (CDPH) Sexually Transmitted Disease Control Branch-issued Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis (CS) guidance. Although syphilis screening levels have not changed since the last Board memorandum, Public Health has met with all prenatal care providers and birthing hospitals that have reported a CS case to offer and provide technical assistance, review the expanded screening recommendations and review missed opportunities to prevent CS. Additional program outreach efforts will be implemented once Public Health resources are available.

Three-site Testing

As reported in the last memorandum, there has been no substantive change in this area. Public Health continues to support implementation of three-site testing (urethra, throat, and rectum) for gonorrhea and chlamydia among at-risk patient populations. Several years ago, DHSP instituted a pay-for-performance measure requiring its network of Ryan White Program (RWP)-funded HIV specialty clinics to institute annual three-site testing for all patients. In addition, the previously mentioned RFP for HIV Testing and STD Screening Diagnoses and Treatment Services incorporated three-site testing per contract requirements. Although, we continue to promote this best practice in all contracts and during all provider interactions, only some providers have been able to consistently incorporate three-site testing consistent with contract requirements as in-person visits have decreased due to COVID-19, including at RWP-funded HIV specialty clinics.

Chlamydia Screening

Public Health continues to work with Title X clinics and Essential Access Health (EAH) to track completion of chlamydia screening for young sexually active women and to institute quality improvement measures to increase screening rates. As a strategy to continue support for this work, Public Health recommended to your Board in December 2019, the continuation of the contract with EAH for an additional year, which was approved beginning January 1, 2020, with delegated authority to extend this contract through December 31, 2021. As part of the next iteration of this contract, Public Health is exploring opportunities to increase syphilis-specific deliverables for EAH.

Also, as mentioned earlier, a collaboration with LA Care Health Plan is also underway to increase chlamydia screening rates among their covered patients by spurring health care providers in their network. Public Health has recently received chlamydia screening rate data from LA Care Health Plan which reveal that while screening rates are above the national average, there remains significant room for improvement. The intent is to create a provider

bulletin aimed at improving chlamydia screening rates across LA Care Health Plan providers. However, given the COVID-19 pandemic response, these activities have been deferred until late 2021 or early 2022.

Public Health's I Know Program targets young women of color by providing free chlamydia and gonorrhea self-tests via the [DontThinkKnow.org](https://www.dontthinkknow.org) website. Since the last Board memorandum, Public Health updated the web-platform for the website and will be completing a pilot study which validates a new specimen collection swab and specimen collection process. Upon completion of the validation study and subsequent analysis, the I Know Program will begin offering chlamydia and gonorrhea self-collection test kits that are ordered online and mailed to clients. The validation program will be completed in September 2021 with an expected program launch in late 2021.

Collaboration with High Schools

In partnership with your Board, the Department of Mental Health (DMH), local school districts, and Planned Parenthood Los Angeles (PPLA), Public Health launched 40 Student Wellbeing Centers (WBC) beginning in December 2019. Every school site offers confidential STD screening and treatment services as well as activities aimed at equipping teens with information about substance use prevention, behavioral health, and sexual health, and aims to develop skills they need to have healthy relationships, protect their health, and plan for their future.

Due to the COVID-19 pandemic, schools and school sites had been largely closed thus precluding the delivery of services at these Student WBCs. Although schools are reopening for in-person instruction, resumption of in-person services at the WBCs has been postponed because of the pandemic. In partnership with DMH and PPLA, Public Health continues to actively direct students through virtual programming to websites and the campus WBC Instagram pages for information. A WBC/PPLA call line is also available to secure appointments to the nearest PPLA clinic, secure confidential sexual health consultations and answer any questions related to sexual health, mental health, or substance use.

Interrupt Disease Transmission through the Appropriate Treatment of Cases and Their Partners

Patient Delivered Partner Therapy (PDPT)

Public Health continues to partner with EAH to promote the availability and use of PDPT services, particularly for young persons diagnosed with gonorrhea (GC) and chlamydia (CT). PDPT ensures that medication or a prescription is given to a patient diagnosed with CT and/or GC to deliver to their sexual partner(s). The goal of EAH's PDPT Program is to ensure that exposed sex partners of patients diagnosed with CT and/or GC infection receive timely treatment to prevent repeat infection. Although PDPT is not intended as a first-line partner management strategy, it is an evidence-based alternative for treatment of sexual partners who are unable to and/or unlikely to visit a sexual health provider. Since the last report, Public Health distributed over 2,100 doses of PDPT to treat gonorrhea and chlamydia via EAH's PDPT portal. Given that the adoption and use of this disease control intervention continues to remain low, EAH has reached out to providers and conduct PDPT-specific trainings. However, Public Health's plans to expand beyond this outreach effort have been put on hold due to COVID-19 response.

As part of our support of the delivery of services funded via the previously mentioned RFP for HIV Testing and STD Screening, Diagnosis, and Treatment Services, DHSP requires the

delivery of or referral to PDPT services for clients diagnosed with an STD. A preliminary assessment of these services identified that there is a significant need for technical assistance (TA) for providers. Given the Public Health staff resources needed to provide this TA, these services will be delayed while Public Health staff are deployed to support COVID-19 response efforts.

Partner Services (PS)

Since the last Board memorandum, Public Health's HIV/STD Partner Services operations continued to reach a critical stress point as Public Health Investigator (PHI) caseloads continue to rise at staggering levels. As PHI staff remain deployed to support COVID-19 response, Public Health has significantly curtailed PS interventions. Public Health continued to implement a highly focused syphilis case prioritization protocol (i.e., syphilis reactor grid) to inform which syphilis cases would be administratively closed without follow-up and which cases would be investigated. Given that the need for disease investigation efforts exceeds our PS capacity, pregnant women with syphilis and persons with syphilis who are co-infected with HIV continued to be prioritized for this intervention. It is likely that morbidity across Los Angeles County increased during this time, as clients may have gone untreated and/or may not have received comprehensive interviews to mitigate disease transmission.

Improved Treatment Outcomes for Women, Youth, and Incarcerated Persons

As previously shared, universal syphilis screening services for women at the Century Regional Detention Facility (CRDF) have been suspended due to COVID-19. Although Public Health staff are unable to provide direct services to the women housed at CRDF, pregnant women diagnosed with syphilis continue to be served by both CRDF and Public Health staff and remain a priority.

Educate Consumers and Community to Raise Awareness of STDs

Syphilis Awareness among Women

As shared in past memoranda, Public Health launched a syphilis awareness campaign focused on 1) women of childbearing age and their sex partners and 2) health care providers serving women of childbearing age. The consumer-focused campaign included English- and Spanish-language messages and simple graphics, aimed to increase awareness of syphilis and its symptoms. Public Health secured external advertisements on ninety-nine Metropolitan Transit Authority (MTA) buses serving areas throughout Los Angeles County with high syphilis and congenital syphilis rates. These areas include Downtown Los Angeles, East Los Angeles, South Los Angeles, Huntington Park, South Gate, Eagle Rock, Echo Park, West Hollywood, San Fernando, Pacoima, Lynwood, Compton, and Long Beach. The MTA bus advertisements ran for six months through March 2020. Due to COVID-19 response needs and staff deployments, all plans to continue this campaign have been placed on hold.

As previously reported, Public Health has worked with homeless health care providers to increase their capacity to provide rapid syphilis testing to homeless women as described in the Public Health's *Eliminating Congenital Syphilis in Los Angeles County: A Call to Action* (published January 2020). The report can be found at: http://publichealth.lacounty.gov/dhsp/Providers/CS_EliminationPlanDraft_01282020.pdf

Since the last report and as reported earlier, Public Health collaborated with LA Christian Health Centers to use our mobile van and provide syphilis screening services (e.g., outreach,

education, testing, and treatment) to primarily women of reproductive age in the Skid Row area of Downtown Los Angeles.

Public Health has not been able to implement the proposed Congenital Syphilis Specialized Investigation Team project (funded by an enhanced federal STD grant) due to the COVID-19 response. With the remaining STD control staffing and resources, Public Health continues to make syphilis cases among females of childbearing age a priority and continues to utilize the Prenatal Incentive Program (a syphilis treatment incentive and no-cost transportation initiative to ensure that women access care at the clinic of their choice) and the Prenatal Bicillin Delivery Program (launched and implemented for providers who do not have Bicillin (penicillin G benzathine) in stock at their clinical practice) to ensure prompt treatment of women diagnosed with syphilis.

We continue to experience ongoing concerns and challenges tied to the CS epidemic and have discussed potential strategies for implementation with available resources. Public Health staff have also met with colleagues in the California STD Control Branch and the California Office of AIDS to review CS trends, review data that confirms the strong nexus between congenital syphilis cases and homelessness, crystal methamphetamine use, undiagnosed and untreated mental illness, and poor access to prenatal care among pregnant women. California partners have echoed their concern as they continue to note critical levels of CS in several counties, including Kern and Fresno.

STD Awareness among Youth

The www.PocketGuideLA.org online resource for Los Angeles County youth lists 198 community clinics that deliver youth-responsive and youth-centered sexual health services. To be included in the pocket guide, clinics must meet CDC-established criteria for youth-centered care and STD screening and treatment guidelines. This work was supported by a grant from the Office of Adolescent Health which ended June 30, 2020. The www.PocketGuideLA.org website remains active and identifies both clinical resources and youth-centered sexual health information for both consumers and providers. Public Health plans to re-establish its routine assessment of these services to ensure youth responsiveness at a later time.

STD Awareness among Faith-Based Communities

The South Los Angeles Community Advisory Coalition (CAC)/WeCanStopSTDsLA.com initiative implemented by Coachman Moore and Associates (CMA) is developing a faith-based STD prevention tool kit to provide faith-based organizations with resources to empower and engage their communities in response to the high rates of STDs in South Los Angeles. The tool kit is in the final stages of development and will be launched in late 2021.

HIV/STD Surveillance Update to the Commission on HIV

As part of our continued partnership with the Los Angeles County's Commission on HIV (COH), Public Health provided a comprehensive HIV/STD Surveillance update in May 2021. The key points included in this annual update were: 1) HIV perinatal transmission is on the rise and is being fueled by syphilis co-infection, methamphetamine (meth) use, homelessness, and mental health illness; 2) syphilis cases have increased by 450% among females and by 235% among males since 2009; 3) meth use has increased among females, men who have sex with men (MSM) and men who have sex with men and women (MSMW), and 4) increases in syphilis among females has led to a historic high in congenital syphilis cases. The COH shared their concerns with these STD trends and discussed the potential for community advocacy efforts for HIV and STD prevention efforts.

Public Health is in receipt of the August 3, 2021 COH letter to your Board related to the local STD epidemic. As we continue to address the ongoing and changing trajectory of the COVID-19 pandemic, we are also working on restoring STD control efforts to pre-COVID-19 levels. Given the year-to-year increase in reported STD cases for many years prior to the start of the COVID-19 pandemic and the growing intersection of STDs with homelessness, substance use, and mental illness (among other co-occurring issues), we recognize the need for a significant expansion and scaling of the STD control portfolio and for additional solutions that address the issues and social factors contributing to a rise in cases. Public Health looks forward to working with your Board, as well as stakeholders at the local, State, and federal level to address the items outlined in the COH letter.

Create Effective Policies to Impact Health Care Provider Behavior

As shared throughout this memo, Public Health has connected with health plan and health care providers to advance STD-focused policies including increase chlamydia screening, three-site testing for gonorrhea and chlamydia among at-risk patient populations, and expansion of syphilis screening efforts for vulnerable women of reproductive age and people experiencing homelessness. These efforts have had variable movement given the delay caused by the COVID-19 response by Public Health and healthcare providers.

In addition to the recommended policies highlighted earlier in this memo, the following policy proposals are also being considered by Public Health:

1. Incentivize and/or mandate third trimester syphilis screening for all pregnant women;
2. Incentivize or mandate syphilis screening for all women receiving substance use disorder related services; and
3. Incentivize perinatal health care providers to serve vulnerable women in an environment where STD care and treatment is delivered in the absence of drug testing.

Public Health will continue to keep your Board updated on developments related to our STD control efforts. If you have any questions or need additional information, please let me know.

BF:rs:mjp

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors