

# STI Case Management Collaboration

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## Disclaimer

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# Learning Objectives

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## Identify

Identify both public health and clinical partners and roles to include in effective case management.

## Apply

Apply the workflow of effective STI case review with assigned roles.

## Provide

Provide effective community education and messaging on the prevention and early treatment of STI's.

# Tuba City Regional Health Care Corporation

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TCRHCC is a '638' tribal health organization

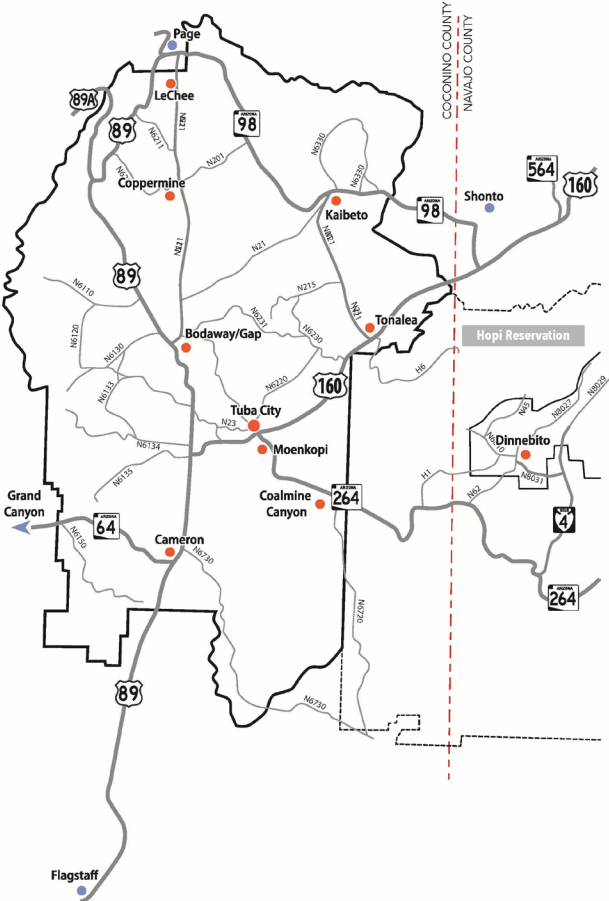
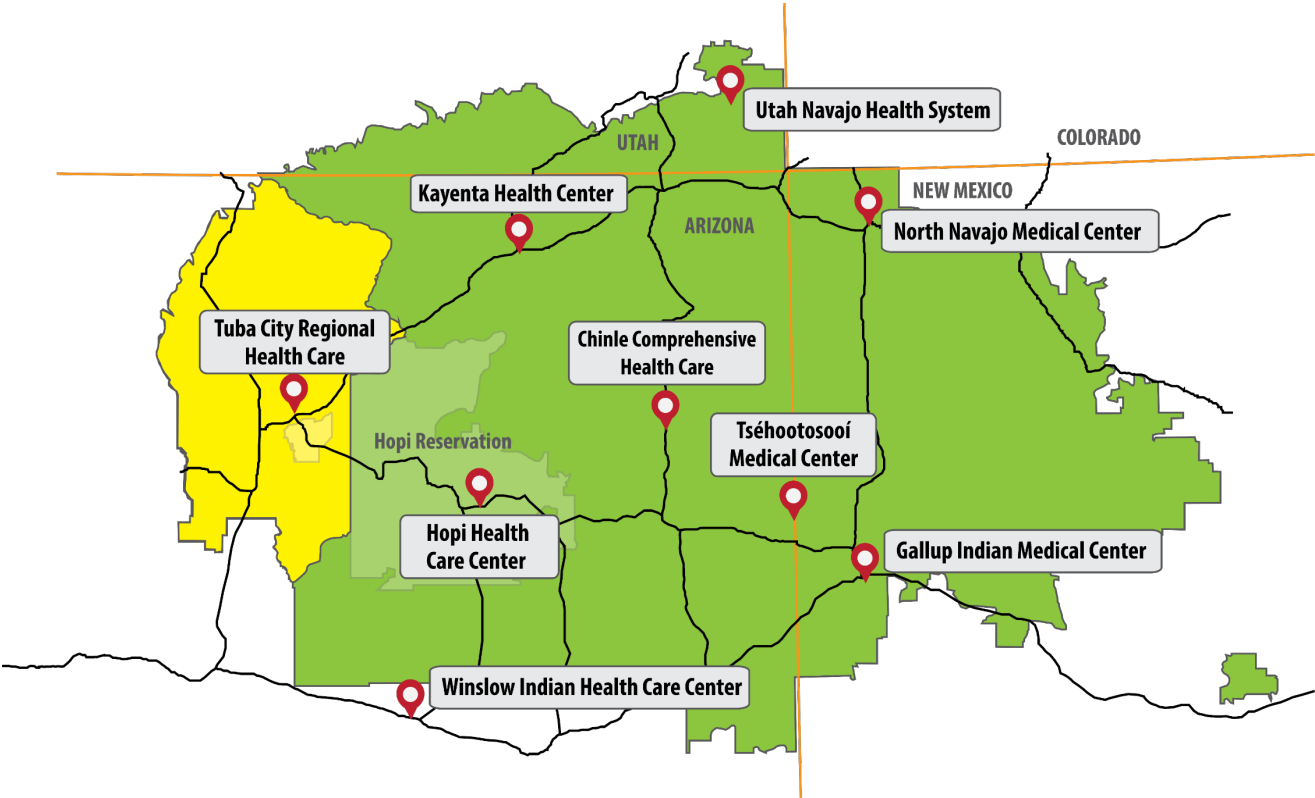
Located on the Navajo Nation in Arizona within Coconino County. TCRHCC is not the tribe and is not the 'public health authority'

Service Area population approximately 34,000 residents.

Serves as referral center for 100,000+, including being the only Labor and Delivery hospital on Western Agency

TCRHCC is the only healthcare entity within a 75-mile radius.

# Geography of Navajo Nation



# A Recent History of Public Health on Navajo Nation

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Multi-organization collaboration including clinical and public health experts, public health nurses, and community health workers

Coordinated, evidence-based approach to COVID response with strong tribal government support

Workforce development in public health (CDC Foundation, NGO, IHS/638, NDOH)

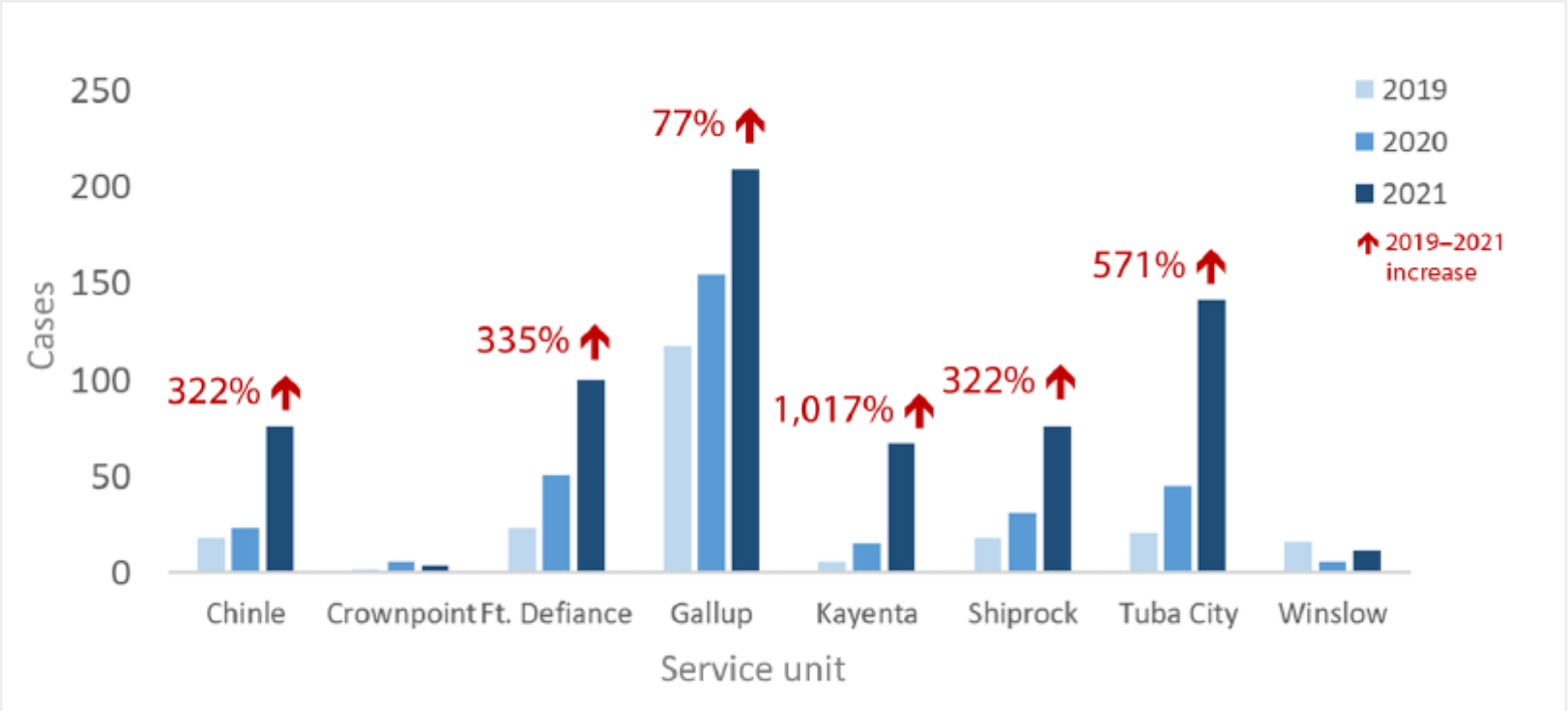
Public Health Department at TCRHCC (summer/fall 2020). THO/SUs taking on contact tracing role for COVID

Identification of syphilis, and particularly congenital syphilis, as a serious public health problem (late 2021/early 2022)

CDC Epi-Aid by Navajo Nation request in October 2021 (carried out Jan-Feb 2022)

# CDC EPI-AID

Figure 5. Total syphilis cases by SU—Navajo Nation, 2019–2021\*



Thank you to Navajo Epi Center for use of this data.

\* Preliminary data; source: AZ PRISM (as of Jan 10, 2022) & NM PRISM (Jan 22, 2022); excludes 33 cases without an assigned service unit; includes 169 unstaged cases in 2021.



# CDC Epi-Aid Recommendations

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Surveillance data improvements

Improved tracking of pregnant persons

Quarterly data surveillance reporting

Improved collaboration between Navajo Dept of Health and federal/638 sites, including case management

Presumptive treatment

STI screening via lab only visit. No provider order or visit needed

Increased testing

Increase health communication, via social media and other, to include condom distribution

Implement standing order for PHNs to deliver treatment for syphilis (benzathine penicillin) and other STIs in the field.

Partner with PHNs and SHTs to provide field treatment and case interviews.



# TCRHCC Before 2022

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Hospital Infection  
Prevention & Control Nurse  
led monthly one hour  
meeting on new STI cases  
that included clinicians and  
Navajo Dept of Health Social  
Hygiene Technician

IPC Nurse manually entered  
each case into AZ MEDSIS

Difficulty following through  
from month-to-month on  
challenging cases

Limited access to Arizona  
PRISM via NDOH

Understaffing

Conflicts with clinical duties

Jurisdictional issues

# 2022-Present

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Organized method of transmitting all positive syphilis, gonorrhea, chlamydia, and HIV results from lab sources to TCRHCC public health team AND to public health authorities

Spreadsheet for tracking case management. Assignment to a specific case manager (a Community Health Worker with specific training in collab with PHN).

The case manager can support public health authority & PHN in case investigation & partner services

Weekly case review meeting (max 2 hours per week and ~25-50 unique patients)

# Weekly Case Review Attendees

Clinicians (Public Health/ID, ED, Women's Health, Peds, HIV/PrEP)

Public Health (PHN, Epi, Contact tracers, Infection Control)

State DIS

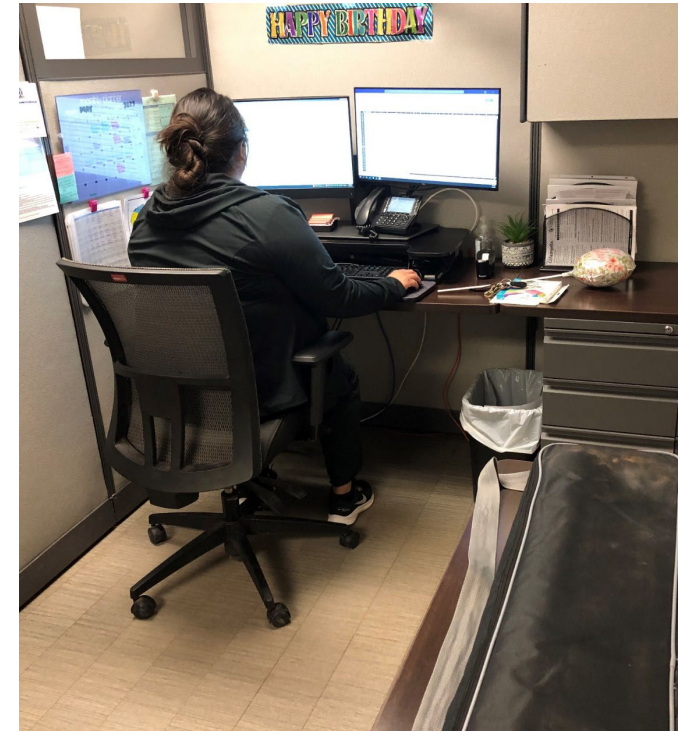
County DIS

Navajo Dept of Health Social Hygiene Tech

Neighboring Service Unit Staff

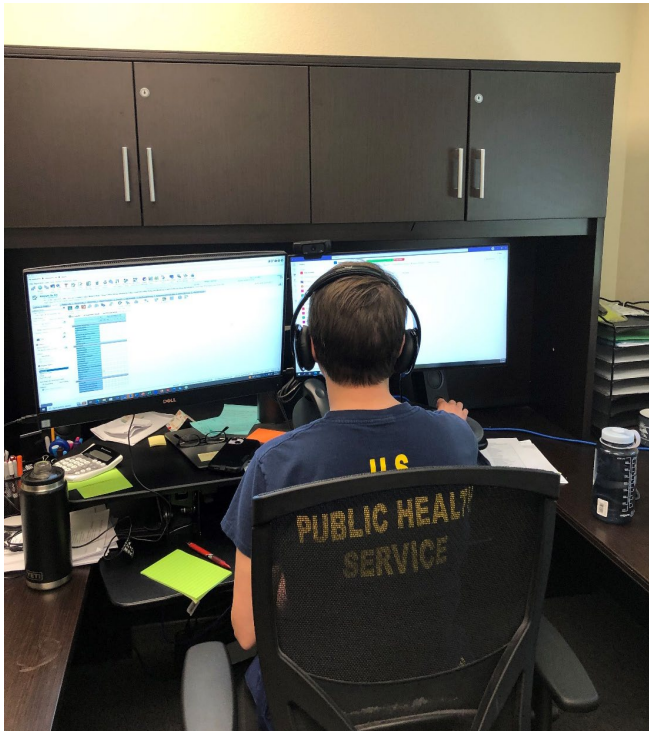
Essential: Facilitator, Clinician with STI expertise, someone with PRISM access, notetakers

Thank you to Gallup Indian Medical Center and CDR Elfreida Bizaholoni, TCRHCC IPC Nurse, for the model.



# Weekly Case Review Goals

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Meet the individual clinical healthcare needs of each case

- Treatment
- Other sexual healthcare needs

Meet the public health needs of stopping the syphilis outbreak

- Treatment
- Case investigation & partner services

Aggressive treatment, partner services, and prevention of reinfection for women that are or may become pregnant

Follow-up on congenital syphilis cases

Collect accurate epi data on all cases



# Case Management: Part 1

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Prior titers or negative tests in the last year?

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Old case or new case/reinfection?

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Syphilis staging? Neuro/ocular/oto complications?

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For gonorrhea/chlamydia, anatomical site of infection

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Pregnancy test complete?

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If infant: confirmed/probable, possible, less likely, or unlikely scenario?

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Notified of positive test result?

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Treatment needed, completed, and where?

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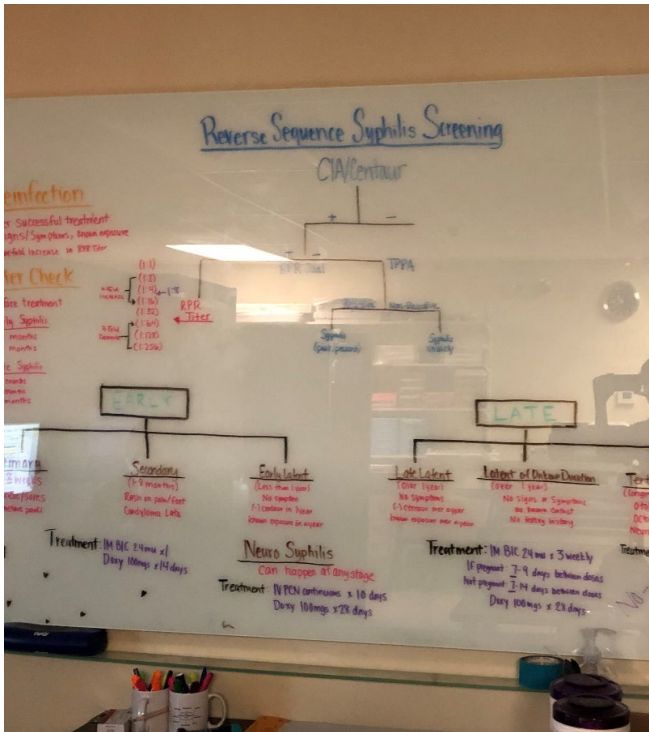
Any further STI testing needed?

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Candidate for HIV PrEP and/or mpox vaccination?

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# Case Management: Part 2



Case investigation completed?

Partners notified, tested, and treated?

Are they all in PRISM?

Risk factors?

Substance abuse (meth, ETOH, opioids, polysubstance)

MSM

Sexual assault

Incarceration

Homelessness/transient

# Case Management: Part 3

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Public health nursing referral needed?

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Candidate for field treatment?

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EHR Problem list updated—a bullet point summary of the status of case?

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EHR alert?

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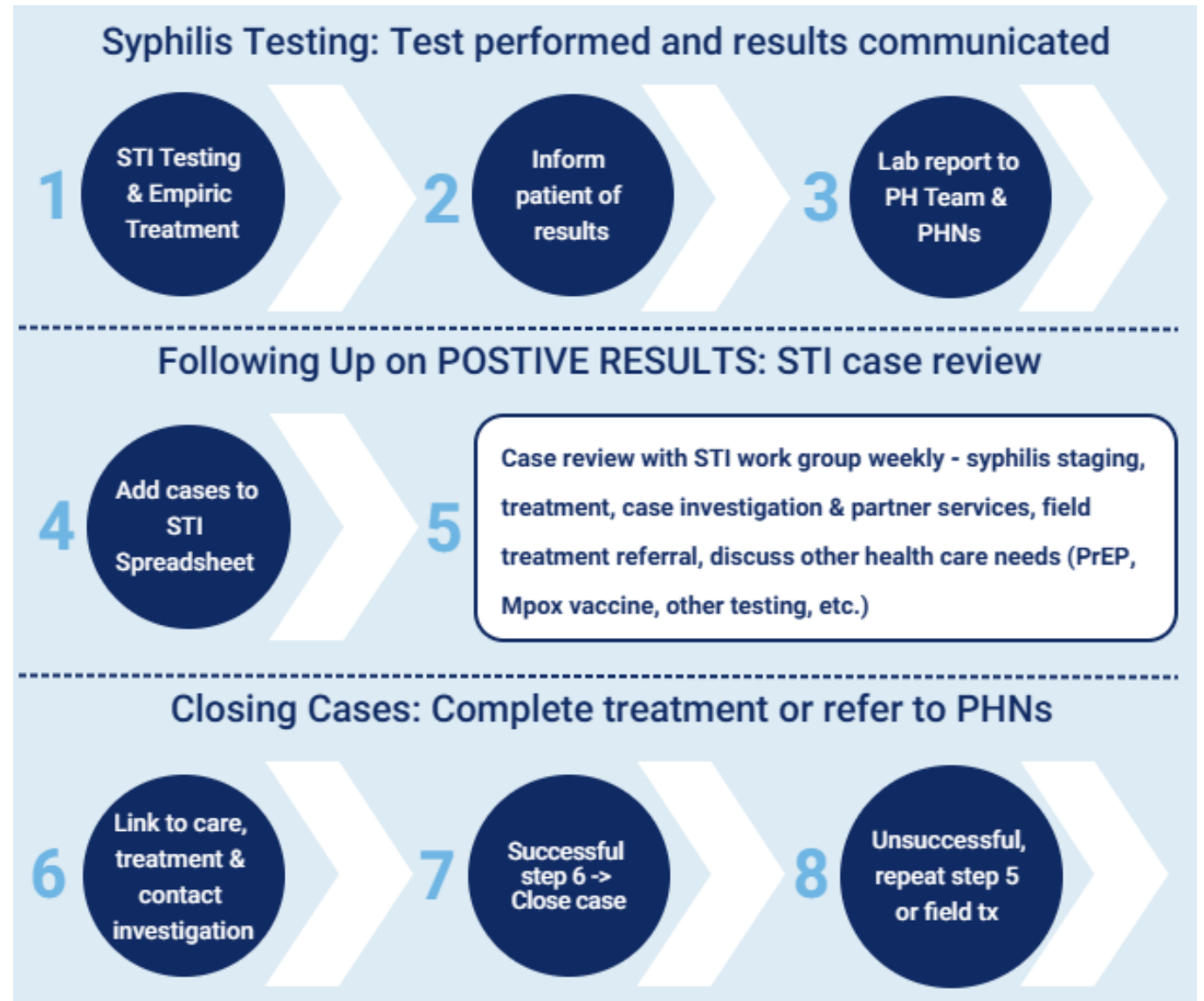
Lastly, can this case be closed? If not, when should we review next?  
What tasks are to be accomplished by whom in the meantime?

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If closed, when is titer re-check due?



# Flow of Syphilis Testing and Treatment



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Last_Name	First_Name	MRN	Case Status	Last Review Date	Next Review Date	Provider	PHT Assigned	DOB	Age	Gender	Collection Date	Testing Location	STI_diagnosis	Old/Known/New Case	Date of OG Dx	Syph Staging	CG Categories	PG Test	Comp Pres	GC/CT Anatomical Site
N/A	N/A	N/A	Needs Tx	N/A	N/A	Olson	Chenoa R.	N/A	N/A	M	N/A	ED	Syphilis	New Case	N/A	Primary	NA	(+)	NA	Genital
			Needs CI			Schmidt	Krishanya S.			F		SDA	Gonorrhea	Old Case		Secondary	Probable/confirmed	(-)	Neuro	Rectal
			Needs Tx/CI			Hu	Mikaila A.			MTF		WC	Chlamydia	Known Case		Early Latent	Possible	Needed	Ocular	Pharyngeal
			Needs Prep			Burrage	Henry M.			FTM		OB	M Pox	Known Case Elsewhere		Latent of Unknown Duration	Less likely	Male	Oto	Other Swab
			Needs Testing			Wood	Jae A.			NB		IM/FM	HIV	Open 2022 Case		Late Latent	Unlikely	NA		Urine
			Needs Other			Lawson	New PHT					Peds		Not a Case		Congenital				NA
			Needs Notification			Johnson	Chad B.					Inpatient				Tertiary				
			Needs Prep/Testing			Leib						Other				NA				
			Closed & Untreated			McAteer						Lechee								
			Closed			Ewing						Sacred Peaks								
			Not a Case			Gutierrez						Field								
												NA								
												PH Clinic								
												Express STI								
												Teen Clinic								
												Eye Clinic								
												Home Test								

# STI Spreadsheet Variables: Example 1

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Risk Group	Substance	MSM	Transient	Notified?	Tx RX	Treatment complete?	Tx Location	Needs further STI testing?	Needs PrEP?	CI complete?	PHN Referral?	Needs Field Tx?	Problem list up-to-date?	Allscripts Alert?	Notes	Retest Date	Location	Race/Tribe	RPR
None	Meth	Yes	Yes	Yes	Doxy 100mg x7	Yes	ED	Complete	Yes	Yes	Yes	Y	Yes	Yes	N/A	N/A	Tuba City	Navajo	1:1
Sex work	ETOH	No	NA	No	Doxy 100mg x14	No	SDA	NA	N/A	No	NA	N	No	N/A			Coppermine	Hopi	1:2
Transgender	Opioids	I don't know		NA	Doxy 100mg x28	NA	WC	Syphilis	Already on	Refused	Kayenta	Done x1	NA	Resolved			Lechee	Other Tribe	1:4
Sexual Assault	Polysubstance	NA			Azithromycin 1g	In progress	OB	HIV	HIV+	NA	Coconino	Done x3					Gap/Bodaway	Non-Native	1:8
Incarcerated	None				IM BIC x3		IM/FM	GC/CT		EPT	Maricopa						Cameron	Not Known	1:16
Sex work/Transgender	NA				IM BIC x1		Peds	Syph/HIV		Attempted X3	Hopi						Dinnebito		1:32
Sex work/Sexual Assault					Ceftriaxone 500mg		Inpatient	MPX			Other						Tonalea		1:64
Sex work/Incarcerated					Ceftriaxone 1g		Other	MPX/GC/CT									Kaibeto		1:128
Transgender/Sexual Assault					NA		Lechee	GC/CT/HIV									Coalmine		1:256
Transgender/Incarcerated					IV PCN x10		Sacred Peaks										Kayenta SU		1:512
Sexual Assault/Incarcerated					IV PCN x14		Field										Hopi SU		1:1024
					Complicated		NA										Moencopi		1:2048
					Cefixime 800mg		PH Clinic										Chinle SU		RPR(-)
																	Maricopa		
																	Flagstaff		
																	Page		
																	Grand Canyon		
																	Winslow SU		
																	Other		

# STI Spreadsheet Variables: Example 2

Race/Tribe	RPR	TPPA	Prior Test Result	Prior test date	Tx copy	Tx #1 Date	Tx #1 Locati	Tx #2 Date	Tx #2 Locati	Tx #3 Date	Tx #3 Locati	Restarted Series	MEDSIS upload complete?	Contact #1 Name	Contact #1 MRN	Contact #1 DOB	Contact #1 Status	Contact #2 Name
Navajo	1:1	Reactive	1:1	N/A	N/A	N/A	ED	N/A	ED	N/A	ED	1	Yes	N/A	N/A	N/A	Follow Up	N/A
Hopi	1:2	Non-Reactive	1:2				SDA		SDA		SDA	2	No				Notified	
Other Tribe	1:4	NA	1:4				WC		WC		WC	3					Tested	
Non-Native	1:8	Inconclusive	1:8				OB		OB		OB	4					Treated	
Not Known	1:16		1:16				IM/FM		IM/FM		IM/FM	5					Attempted X3	
	1:32		1:32				Peds		Peds		Peds	6					Unable to reach	
	1:64		1:64				Inpatient		Inpatient		Inpatient							
	1:128		1:128				Other		Other		Other							
	1:256		1:256				Lechee		Lechee		Lechee							
	1:512		1:512				Sacred Peaks		Sacred Peaks		Sacred Peaks							
	1:1024		1:1024				Field		Field		Field							
	1:2048		1:2048				NA		NA		NA							
	RPR(-)		NA				PH Clinic		PH Clinic		PH Clinic							
			SYPH(-)				Teen Clinic		Teen Clinic		Teen Clinic							
			RPR(-)															
			TPPA(+)															

# STI Spreadsheet Variables: Example 3

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