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CDC Recommends Hepatitis C Screening for all Baby Boomers

New CDC guidelines (published in MMWR “Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965,” August 17, 2012) recommend that all adults born from 1945 to 1965 should be screened for hepatitis C virus (HCV) regardless of the risk factors. It is estimated that 45 to 85 percent of people living with HCV are unaware of their infection status, and out of the estimated 2.7 to 3.9 million people living with HCV infection, baby boomers account for disproportionately high incidence of HCV. The mentioned age group comprises an estimated

27 percent of the population, but is believed to account for 75 percent of all HCV infections, and 73 percent of HCV-associated mortality.

HCV causes acute blood-borne infection, usually asymptomatic, but the majority of infections (75-85%) are chronic, placing people at risk for liver cirrhosis, hepatocellular carcinoma (HCC), and extra-hepatic complications.

Benefits of the HCV testing include limiting disease progression and with early detection and treatment significant life improvement can be made. CDC recommendations include **one-time testing** for HCV for those born between 1945 and 1965

without assessing for risk factors. People identified as having HCV infection should receive a screening for alcohol use and intervention, followed by referral to HCV infection care and related conditions. Due to new therapies that have been developed to stop disease progression and can result in viral clearance, targeted testing and linkage to care for infected individuals in this birth cohort is expected to reduce HCV-related morbidity and mortality (CDC, 2012).

Provider CME credit based on these recommendations is available at www.medscape.org/viewarticle/769593. (CDC, 2012).

In addition to those born between 1945 and 1965, the following groups should also be screened for hepatitis C:

- Currently inject drugs
- Past use of injected drugs, even if just once
- Have HIV infection
- Have abnormal liver tests or liver disease
- Received donated blood or organs before 1992
- Have been exposed to blood on the job through needlestick or injury with a sharp object
- Are on hemodialysis

Upcoming Events

American Red Cross will offer free HIV/STD/HCV testing on Saturday, **December 1st**. For more information, contact:

Christopher Wegner at
701.223.6700

Free HIV/STD/HCV testing at **Custer Family Planning** in observance of World AIDS Day on December 1st. For information, contact Custer Family Planning at 701.255.3535



FDA Has Approved Over-the-counter HIV Test



OTC HIV sample is obtained by a mouth swab

This past summer the FDA approved over-the-counter (OTC) OraQuick In-Home HIV Test. The rapid HIV test can detect HIV antibodies from a sample obtained by swabbing inside of the mouth. The results are obtained within 20 minutes.

According to CDC, 1.2 million people in the United States are living with HIV infection and one in five people are unaware of their infection.

Since it is done in the privacy of home, it is believed that the OTC HIV test will provide for earlier

detection, increase in detection of new infections that would otherwise go unidentified, and prevention of new infections.

Some of the risks of home HIV testing are using the HIV test inaccurately and misunderstanding the negative result (testing before the window period of 3 weeks to 3 months), which could lead to further high-risk behavior and possible new HIV infections. Additional downsides include lack of follow-up or counseling, partner notification, and public health reporting. There is also a

possibility of coercive testing and testing by unprepared minors.

However, overall benefits are believed to outweigh the risks. The OTC HIV test can be purchased at various pharmacies for around \$60.

What's Your Red Number?

The North Dakota Department of Health (NDDoH) analyzed 2011 laboratory data from the Division of Laboratory Services to determine the percentage of chlamydia and gonorrhea tests that are accompanied by an HIV test.

If individuals are being screened for chlamydia/ gonorrhea, they should also be screened for HIV. At-risk individuals should be screened annually for chlamydia, gonorrhea and HIV.

The NDDoH developed the campaign "What's Your Red Number" to let providers know their screening rates. Providers that use the

NDDoH Division of Laboratory Services for chlamydia/gonorrhea and HIV testing were included in this analysis and their red numbers were calculated. The red number refers to the percent of chlamydia/gonorrhea tests that were accompanied by an HIV test. From our analysis, the majority of individuals are not being screened for HIV when they are being screened for chlamydia/gonorrhea. A red number of 37 percent was the highest among the providers included in this analysis. The NDDoH is encouraging providers to increase HIV screening when conducting chlamydia/gonorrhea testing and strive for a

red number of 100 percent.

If you are unaware of your red number, please contact Sarah Weinger, STD Surveillance Coordinator, at sweninger@nd.gov or 701.328.2366 .



Living Positive Retreat

A yearly retreat for people living with HIV/AIDS was held in September in Bismarck, N.D. The event focuses on health and wellness education, and promotes fellowship between the participants.

Kent Martin, infectious disease medical doctor from Sanford Health, and Krissie Guerard, HIV Pro-

gram manager, at the Department of Health, Division of Disease Control, spoke at the event. The event was well attended.

Two retreats are planned for the next year: one in Central and one in Eastern North Dakota.

For more information, call:

Christopher Wegner at 701.223.6700 or Shannon Jahner at 701.328.1059.

Complera

The drug Complera has been added to the Ryan White formulary. Complera is a combination of Truvada (nucleoside reverse transcriptase inhibitor) and the non-nucleoside reverse

transcriptase Endurant. Complera is used as a treatment for HIV-positive adults who are undergoing treatment for the first time.



Truvada Is Approved for HIV Prevention

FDA has approved the use of Truvada as pre-exposure prophylaxis (PrEP) for HIV.

Truvada is a fixed-dose combination drug frequently used for treatment of HIV infection, but has now also been approved for the prevention of HIV

infection. It is recommended that PrEP with Truvada should be considered only for persons who are at high risk for getting HIV (i.e., individuals with HIV-positive partners), are HIV-negative, are willing to take the drug once daily, and practice safe sex.

Frequent follow-up HIV antibody testing is recommended while taking the drug to ensure early diagnosis or newly acquired HIV infection.

Free HIV Testing Sites

Bismarck/Mandan:

- Bismarck Burleigh Public Health 701.355.1540
- Custer Family Planning 701.255.3535
- Custer Health, Mandan 701.667.3370
- Heartview Foundation 701.222.0386

Fargo:

- Fargo Cass Public Health 701.241.1360
- NDSU Student Health 701.231.7331

Grand Forks:

- Grand Forks Public Health 701.787.8100
- Red River Valley Community Action 701.746.5431
- UND Student Health 701.777.4500
- Valley Health 701.775.4251

Updated Gonorrhea Treatment Recommendations and Expedited Partner Therapy

In response to recent surveillance data, the CDC released new recommendations for the treatment of gonorrhea. The recommendations were published in the MMWR “Update to CDC’s Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections” released on August 10, 2012 (www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm).

In 2007, due to widespread drug resistance, CDC revised its gonorrhea treatment guidelines to no longer recommend fluoroquinolones. Cephalosporins, including the oral antibiotic cefixime and the injectable antibiotic ceftriaxone became the only treatment available to effectively treat gonorrhea. Evidence from CDC’s Gonococcal Isolate Surveillance Project (www.cdc.gov/std/gisp/) suggests that cefixime is becoming less effective in treating gonorrhea.

Although no patients have failed treatment with either cefixime in the United States, a small number of patients have experienced cefixime treatment failures in other countries. Due to the latest U.S. surveillance data and past experience with resistant strains spreading, it is only a matter of time before gonorrhea becomes resistant to the only remaining currently

available treatments. The possibility of widespread resistance prompted updated gonorrhea treatment guidelines.

Per the updated treatment guidelines:

- **Cefixime is no longer a recommended treatment for gonorrhea.** It is listed as an alternative treatment if an injection is not an option.
- The recommended treatment of gonorrhea is ceftriaxone 250 mg IM in a single dose along with either azithromycin 1g orally or doxycycline 100 mg BID x 7 days.
- Cefixime has limited efficacy for treating gonococcal infections of the pharynx. If oral sex is reported, patients and partners should be treated with ceftriaxone.

Although, cefixime is no longer a recommended treatment for gonorrhea, it can still be used for **expedited partner therapy (EPT)**. EPT should be used as a last resort for treating heterosexual partners of gonorrhea

cases. EPT is not recommended for either chlamydia or gonorrhea in men who have sex with men.

CDC is encouraging providers to monitor for suspected ceftriaxone treatment failures. According to the new guidelines, patients who have persistent symptoms should be retested with a culture-based gonorrhea test, which guidelines patients who have persistent symptoms should be retested with a culture-based gonorrhea test that can identify antibiotic-resistant infections.

The patient should return one week after re-treatment for another culture test to ensure the infection is fully cured. Suspected treatment failures should be reported to the North Dakota Department of Health. If you have questions about gonorrhea treatment or expedited partner therapy, call 800.472.2180 or visit www.ndhealth.gov/STD/default.htm.



Chlamydia and Gonorrhea Retesting and Reinfection Rates in North Dakota

According to the CDC 2010 STD Treatment Guidelines, individuals who test positive for chlamydia or gonorrhea should be retested approximately three months after treatment (CDC, 2010). Laboratory testing data from North Dakota family planning clinics were analyzed in order to determine chlamydia and gonorrhea retesting and reinfection rates.

In 2010, there were 901 chlamydia and gonorrhea infections identified at the nine family planning clinics in this data analysis. Of those infected, 42 percent were retested within a two to six month time frame. Retesting was more common among females than males, with retesting rates of 57 percent and 19 percent, respectively. In comparison, the national retesting rate for chlamydia in 2009 was 22 percent for females and 14 percent for males. In North Dakota, overall retesting rates for chlamydia were higher at 43 percent, compared to only 26 percent for gonorrhea. Retesting patients for chlamydia and gonorrhea infections is recommended because of the high prevalence of infections among patients who have recently been diagnosed and treated. Most of these infections result from reinfection rather than treatment failure, indicating a need for improved patient education and

referral of sex partners. According to CDC, chlamydia reinfection rates were 25 percent for males and 16 percent for females in 2009. In this data analysis, chlamydia and gonorrhea diagnosed at the included family planning clinics in 2010 were determined to have been reinfected if they had another positive test result in the one year following their diagnosis. Chlamydia reinfection rates were relatively low in North Dakota, with only 4 percent becoming infected within one year of testing positive. Reinfection rates among males were slightly lower at 2.9 percent compared to 4.5 percent for females. There were no documented reinfections for individuals with gonorrhea in North Dakota in 2010. The low reinfection rates in North Dakota could be due to limited retesting, as well as successful partner services at family planning clinics. These low reinfection rates were only analyzed for patients of family planning clinics.

Reinfection rates for patients of private providers in North Dakota are unknown. While the reinfection rates in North Dakota are relatively low, it is still vital to stress the importance of treatment not only for the patient, but also for the patient's partner(s). Educating patients to refer partners in for treatment, as well as the use of expedited partner therapy, are ways to ensure partners of confirmed chlamydia and gonorrhea cases are being treated.

If you have any questions, please contact Sarah Weninger, STD Surveillance Coordinator, at sweninger@nd.gov or 701.328.2366.



NORTH DAKOTA
DEPARTMENT of HEALTH

This information is provided by the North Dakota Department of Health, HIV, STD and Hepatitis Programs.

Seasons
Greetings

