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Meet our New Member: Stephen J. Martin, Ph.D., Louisiana Laboratory Services

STEPHEN MARTIN earned a B.A. and M.A. degrees in biology from Drake University-Des Moines and a Ph.D. from Louisiana State University-Baton Rouge. Stephen has been employed with the Louisiana Department of Health and Hospitals Office of Public Health (OPH) Laboratories since 1995. Prior to working for OPH Stephen spent eight years working as a microbiologist in a hospital laboratory, and six years as a post doctoral research scientist.

Stephen began his career with the Louisiana OPH by working as manager of the Virology and Immunology Laboratory Section. This entailed overseeing the HIV, Syphilis, Virology and Immunology laboratories. He became the assistant director of OPH laboratories in January 2002 and director of OPH laboratories in June 2005. In August 2005 Hurricane Katrina damaged the building which housed the main OPH Laboratory in New Orleans. Since the storm Stephen has spent most of his time working on renovating a building to be the temporary home of the OPH Main Laboratory and restoring testing services that had to be outsourced or discontinued after the storm.

Stephen looks forward to working with RIPAC and hopes to work with the Louisiana RIPAC committee to expand and improve testing services in Louisiana.



Give us your input and feedback! Please call, fax or mail to:

Florastine Mack, Infertility Prevention Project

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Mark Your Calendar!

Texas IPP Workshop	July 13, 2007 —Austin, TX
Regional VI Advisory Committee Meetings (RIPAC)	October 2, 2007 —New Orleans, LA
National Coalition of STD Directors	October 2-5, 2007 —New Orleans, LA

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Chlamydia Challenge

Summer 2007

A Newsletter of the Region VI Infertility Prevention Advisory Committee (RIPAC)
Arkansas, Louisiana, New Mexico, Oklahoma and Texas

THE FIVE P'S

The 2006 Sexually Transmitted Diseases Treatment Guidelines expanded the Clinical Prevention Guidance section. There is an increased emphasis on strategies for the prevention and control of sexually transmitted diseases (STDs). One important strategy is obtaining a sexual history and addressing risk reduction. A detailed client sexual history and risk assessment can be time consuming for the provider. "The Five P's" is an effort to develop an efficient and effective outline for the client interview. The Five P's provide a summary of key areas to target during the interview. The Five P's to include when taking a sexual history include: partners, prevention of pregnancy, protection from STDs, practices, and past history of STDs.

1. PARTNERS

- "Do you have sex with men, women, or both?"
- "In the past 2 months, how many partners have you had sex with?"
- "In the past 12 months, how many partners have you had sex with?"

2. PREVENTION OF PREGNANCY

- "Are you or your partner trying to get pregnant?" If no,
- "What are you doing to prevent pregnancy?"

3. PROTECTION FROM STDs

- "What do you do to protect yourself from STDs and HIV?"

4. PRACTICES

- "To understand your risks for STDs, I need to understand the kind of sex you have had recently."
- "Have you had vaginal sex, meaning penis-in-vagina sex?"
- "If yes, "Do you use condoms: never, sometimes, or always?"

To view this newsletter
on the web, visit us at
www.centerforhealthtraining.org

Highlights

Regional Updates

Arkansas
Louisiana
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Texas

Websites of Interest

Role of NCSd in Public Health

Mark Your Calendar! Meeting Announcements

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- “Have you had anal sex, meaning penis-in-rectum/anus sex?”
- “If yes, “Do you use condoms: never, sometimes, or always?”
- “Have you had oral sex, meaning mouth-on-penis/vagina?”

For condom answers:

- If never: “Why don't you use condoms?”
- If sometimes: “In what situations, or with whom, do you not use condoms?”

5. PAST HISTORY OF STDs

- “Have you ever had an STD?”
- “Have any of your partners had an STD?”

Additional questions to identify HIV and hepatitis risk:

- “Have you or any of your partners ever injected drugs?”
- “Have any of your partners exchanged money or drugs for sex?”
- “Is there anything else about your sexual practices that I need to know about?”

Primary prevention of STDs begins with changing the sexual behaviors that place people at risk for infection. A solid sexual history and risk assessment provides the foundation for health care providers to deliver education and counseling to their clients; but health care providers have time demands – many things have to transpire during a clinical visit in a busy clinical setting. The Five P's can help to focus the clinical interview to maximize the patient information and risk reduction counseling.



Ask the Expert

What is the role of the National Conference of STD Directors in relation to public health?

Public Health Question Answered

Response from Lisa Longfellow, RIPAC Chair:

The National Coalition of STD Directors (NCSDD), established in 1997, represents the 65 Directors of public health sexually transmitted disease prevention programs in states, large cities / counties and territories of the United States. NCSDD provides dynamic leadership that strengthens STD Programs by advocating for effective policies, strategies, and sufficient resources and by increasing awareness of their medical and social impact. The National Coalition of STD Directors is committed to promoting sound public health approach around issues related to sexually transmitted disease.

The objectives of the Coalition are to create a full partnership among sexually transmitted disease (STD) project areas directly funded by the Centers for Disease Control and Prevention, state and local public health agencies, the Federal Government and private agencies to effectively prevent and control STDs in the United States and its territories.

Current initiatives include:

1. Establishing a viral STD Project to increase knowledge and develop national, state and local policies and guidelines around viral STDs.
2. Developing a comprehensive “peer-to-peer” technical assistance program to allow states and local areas to share expertise and provide hands-on.
3. In partnership with CDC, provide program assessment, policy development and communications support to strengthen the capacity of state and local STD programs to serve the needs of adolescents at high risk for STDs, HIV and unintended teen pregnancy.

www.ncsddc.org

Oklahoma News

GISP INDICATES INCREASE IN QRNG

The Gonococcal Isolate Surveillance Project (GISP) was established in 1986 by the Centers for Disease Control to monitor trends in antimicrobial susceptibilities of strains of *N. gonorrhoeae* in the United States. This was done to establish a rational basis for the selection of gonococcal therapies. GISP is a collaborative project between 25 selected sexually transmitted diseases (STD) clinics, five regional laboratories, and CDC.

In response to an increased incidence of fluoroquinolone-resistant *N. gonorrhoeae* (QRNG), in May 2003, Oklahoma City, Oklahoma, became one of the 26 cities in the GISP screening process. The Oklahoma City County Health Department (OCCHD), in collaboration with the Oklahoma State Health Department (OSDH), has been screening clients through their STD clinic. Participants in the project are the first 25 urethral gonorrhea positive males seen at the OCCHD STD Clinic each month. The positive gonorrhea specimens are sent to the CDC Regional Lab in Alabama for further testing of the resistant isolates.

There were no resistant isolates identified in the first year of testing, 2003, in Oklahoma City. However, the following years have produced resistant isolates at approximately the same rate as national findings. In 2004 there were three resistant isolates identified, seven positives in 2005, and a total of thirteen positives in 2006. The thirteen QRNG isolates in 2006 gives Oklahoma a rate of 4.3%—just slightly below the recognized threshold of 5% for changing treatment guidelines that was announced April 12, 2007, by the CDC.

The new data released from CDC is showing that QRNG is now widespread in the United States among heterosexuals and men who have sex with men (MSM). This prompted the new recommendation for treatment from the CDC. These recommendations will have an effect on the medication treatment that the Oklahoma State Department of Health currently uses to treat individuals who have a positive gonorrhea lab result. Starting immediately, County Health Departments in Oklahoma will begin using ceftriaxone, the now preferred treatment for all types of gonorrhea infection, on all individuals with a positive

gonorrhea lab result.

With the new recommendation from CDC for positive gonorrhea treatment, comes a new challenge. The cost per dose to treat a positive gonorrhea client will increase from 0.7 cents per dose for ciprofloxacin to over \$1.50 per dose for the ceftriaxone treatment. Once again the STD Service will be looking for creative ways to provide the funding for the much needed treatment change.

Dr. John Douglas, director of the Division of STD Prevention, states, “We cannot afford to lose ground against a disease that continues to affect roughly 700,000 Americans each year.” We anticipate that Oklahoma City will continue to be a sentinel surveillance site, and that monitoring for emerging cephalosporin resistance will be forthcoming.

NEW DIRECTOR, DIVISION OF SURVEILLANCE & CARE DELIVERY

We are pleased to announce that **JAN FOX, MPH, R.N.** has accepted the position of Director, Division of Surveillance and Care Delivery, HIV/STD Service, Disease and Prevention Services effective March 15, 2007. Mrs. Fox has served in public health as a registered nurse for twenty years. Her experience, combined with her nursing degree and a Masters in Public Health, with an emphasis in epidemiology, has resulted in a valuable mix of clinical/medical knowledge and skills to assess the occurrence and determinants of disease among various populations.

While her educational pursuits have focused in the general area of public health, her professional interests have long centered on infectious diseases, specifically those that are transmitted sexually or are blood borne in nature. She has had hands-on experience working as a nurse in STD clinics and providing HIV counseling, testing and referral services. Her most recent appointment was Manager, Viral Hepatitis Program.

As Director, Division of Surveillance and Care Delivery, Mrs. Fox will administer several programs, including Ryan White HIV/AIDS Treatment and Modernization Act (Part B – Title II), HIV/AIDS and STD Surveillance and Analysis, HIV



Jan Fox, MPH, R.N.,
Director, Division of
Surveillance and Care
Delivery, HIV/STD
Service, Disease and
Prevention Services.



REGION VI INFERTILITY PREVENTION PROJECT ADVOCACY FACT SHEET

which contains information to increase awareness of issues of STDs and infertility, descriptions of the purpose of the Region VI project and what to do to promote the project.

http://www.centerforhealthtraining.org/download/R6_IPP_brochure.pdf

New Mexico News

PROGRAM PROVIDES FREE TESTING AND TREATMENT

For the past 5 years, New Mexico has ranked among the top seven states nationally for incidence of Chlamydia, and the number of cases reported each year has steadily risen from 1998 through 2004. In 2004, New Mexico reported 9,099 cases for a case rate of 478 per 100,000 and a ranking of fourth nationally. In 2005, there was a 7% decrease in the number of reported cases, from 9,099 in 2004 to 8,467 in 2005 for a case rate of 439 per 100,000. However, this decrease in cases did not continue. In 2006, there was an increase in cases, with 10,084 cases being reported and an estimated case rate of 521 per 100,000 and a ranking of fourth nationally, still substantially higher than the national rate.

In New Mexico, Chlamydia is occurring predominantly in young persons with the average age of 23, a median age of 22, and ages ranging from 10 to 97. Eighty-nine percent of all Chlamydia cases are reported among persons less than 30 years of age and each year, over 75% of Chlamydia cases are reported among females.

The high incidence rates of Chlamydia in New Mexico are not unexpected. The STD Prevention and Family Planning Programs have worked hard over several years to increase screening in high-risk groups, including young women of childbearing age. Because of this increased screening initiative, more infected patients are diagnosed and treated in an earlier, usually asymptomatic stage of Chlamydial infection. Earlier detection and treatment has ultimately reduced these individual's risk of developing complications such as pelvic inflammatory disease, ectopic pregnancies, infertility and other long-term sequelae.

The New Mexico STD Prevention and Family Planning Programs recognize Chlamydia as a seri-

ous threat to the health of New Mexicans, especially in minorities and young women aged 15 to 24 years. Statewide, all patients seen in the public health clinics that are diagnosed with Chlamydia are treated and counseled about other STDs and are asked to refer their sexual partners for examination and treatment. Free testing and treatment is available at all 57 Public Health offices in New Mexico. Intervention and prevention efforts for Chlamydia include:

- Increased screening for Chlamydia and gonorrhea in statewide Family Planning clinics, School Based Health Centers, Juvenile Detention Centers, STD clinics, and local Public Health offices.
- Contact investigations and follow-up by STD Program field staff for reported Chlamydia cases in pregnant females and for untreated cases.
- Statewide community outreach activities using the STD mobile units in high-risk areas, offering STD screening, vaccinations for hepatitis A & B, and treatment, if indicated.
- Clinical provider education about state laws that mandate reporting for Chlamydia and other reportable STDs.

The New Mexico Medical Board approved Expedited Partner Treatment (EPT) on January 10, 2007. The STD Program, in collaboration with the Family Planning Program and New Mexico Medical Society, are currently working on writing protocols for EPT to ensure it is implemented in a safe, organized, and ethical manner. Once EPT is implemented, and because the intervention will most likely have an effect on the male counterparts of infected females, we anticipate the incidence rates of Chlamydia will begin to decline.

Texas News

AMARILLO DEPARTMENT OF HEALTH PROGRAM EXPANSION

The Texas IPP collaborates with sentinel screening sites throughout the state to carry out the goals of the project. The Texas IPP is proud to share the successes of one of our partners.

The City of Amarillo Department of Public Health has been in the business of counseling, treating, and educating individuals about STDs for over 30 years. The program has recently been through many changes. One of the changes is the addition of more partner service staff and clinical staff. Originally, the STD program consisted of one DIS, one nurse, and two HIV Outreach staff. Currently, the STD/HIV program consists of one program manager, two DIS, two STD nurses, one prevention case manager, two HIV outreach workers, and one surveillance clerk.

Due to the relatively small operation that currently exists, the HIV/STD program has been able to integrate services with little or no problem. For example, many referrals are made from the STD clinic to Prevention Case Management (PCM) and vice versa. Also, the HIV outreach team has proven themselves a useful resource when DIS are looking for partners/contacts due to their constant interaction with commercial sex workers, intravenous drug users, and jails. This integration would not be possible if not for the great work from the staff of the HIV/STD program. They have been able to grasp the bigger picture of how prevention ties together and is intended to keep an individual from acquiring HIV/STD.

Another unique aspect of the Amarillo STD/HIV Program is the active investigation of gonorrhea and Chlamydia cases. These types of investigations have been routine since 2001 as part an "innovation" grant from the State of Texas. Although the department no longer receives innovation funding, provision

of these services have been sustained by other funding sources. The investigation of gonorrhea and Chlamydia cases was considered an important prevention service due to the high morbidity experienced by our area. Additional services for gonorrhea and Chlamydia include directly observed therapy by DIS and urine testing by the HIV outreach team.

One of the best accomplishments in the last 12 months is the initiation of a new STD clinic scheduling system. The new system is a same-day scheduling system and has a no-show rate of 7%. Prior to the new system, the clinic had a no-show rate of 32% using an appointment-based scheduling system. Often, individuals would make an appointment several days ahead and not show. This lack of consistency in patients showing for appointments created an extensive amount of down-time for the nurses. The City of Amarillo Department of Public Health would like to thank the Dallas County Health and Human Service STD Clinic and the Tarrant County Adult Health Clinic for their input and assistance with our new scheduling system.

Overall, the STD/HIV program has been able to sustain services for many years and continues to grow and learn from other clinics and resources. The program would like to express its gratitude for the continued support the TIPP has given the City of Amarillo Department of Public Health STD/HIV program.

A Changing of the Guard

Since 1999, Carol Pavlica Labaj, RN, BSN, served as the Region VI Infertility Prevention Project Coordinator at the Center for Health Training (CHT). She provided outstanding leadership to the ongoing development and maintenance of the regional IPP project and support to the Regional Infertility Project Advisory Committee (RIPAC). In March 2007, Carol resigned her position to take advantage of an opportunity with the Texas Department of State Health Services as Manager of the Purchased Health Services Unit. We are sorry to see her go, because we will truly miss the energy and passion she brought to the project, but we wish her well in her career shift.



On May 1, 2007, **FLORASTINE MACK**, RN, BSN, MSHP, joined the CHT team as Carol's replacement. Within her first month on the job, she has finalized the plans for the next RIPAC meeting to be held in October this year, completed the grant application for the regional infrastructure project, and prepared this issue of the Chlamydia Challenge. Needless to say, she's off to a running start, as she has big shoes to fill. We welcome Flor and hope to have a long-lasting working relationship with her.

—Brenda L. Hanson, Regional Manager



Announcement!

CDC Updated HPV Information for Clinicians

The material includes an updated brochure along with four sets of counseling messages to assist providers in their HPV-related discussion with patients. The counseling messages address: (1) information for parents about the HPV vaccine, (2) information for women about the Pap and HPV tests, (3) information for women who receive a positive HPV test result, and (4) information for patients receiving a genital warts diagnosis. >> <http://www.cdc.gov/std/hpv/hpv-clinicians-brochure.htm>

Arkansas News

NEW METHODS FOR COLLECTING DATA

Arkansas, as other states, has been wrestling with how to accurately collect treatment information and demographic data for contacts of both gonorrhea and Chlamydia. Even though the reported case numbers for Arkansas (2006: gonorrhea = 4,304; Chlamydia = 8,260) are not as great as other states, our 17 Public Health Investigators (PHIs) do not have the time to interview each positive case and work the contacts. Arkansas has set priority interviews for the Public Health Investigators as:

- 1) Early Syphilis;
- 2) HIV;
- 3) Pregnant women infected with gonorrhea or Chlamydia; and
- 4) Clients with repeat gonorrhea or Chlamydia infection.

Arkansas has defined repeat infections as those clients that have been infected with gonorrhea or Chlamydia more than once within a 30 day period and possible treatment failure has been ruled out.

During the past calendar year, Arkansas documented 425 contacts of gonorrhea and Chlamydia reporting to a local health unit for testing and/or treatment. From interviews with both the local Public Health Nursing and Public Health Investigator staff, a greater number of contacts were tested and treated but little or no documentation was submitted for data entry. Arkansas is moving toward electronic medical records but paper records are still being utilized making data collection difficult.

Another factor that we anticipate will add to both the number of clients needing interviews and the collection of appropriate contact documentation will occur on July 1, 2007. On that date Arkansas will implement the amplified urine based test for gonorrhea and Chlamydia. According to several studies and data from surrounding states that utilize this testing method, the agency anticipates an increase in the number of clients testing positive for gonorrhea and Chlamydia. This will result in the need for additional resources to provide client inter-

views and contact notification.

In order to address both the current and anticipated data issues, the agency has developed two methods of collecting the needed data. The first solution is a system successfully used in some parts of Arkansas with plans to expand to include all county health units. The Public Health Investigators cannot be in all clinics to interview clients testing positive for gonorrhea or Chlamydia. Public Health Nurses have been trained to interview clients and elicit basic contact information. In addition, as part of the interview process clients are counseled on how to refer their partners for testing and/or treatment. The Public Health Nurse will record the contact information on a standardized contact information sheet instead of the CDC .2936. When the contact presents to the clinic for testing and/or treatment, the appropriate information will also be entered on the contact information sheet. The Public Health Investigator assigned to that county will check the contact information sheet on each visit to the local health unit and transfer the contact information to a CDC .2936. When the contact testing and treatment are completed, the .2936 will then be sent to the Central Office for data entry. Those contacts that have not presented for testing and/or treatment will be followed up by the Public Health Nurse or Investigator.

The second method that will enable the agency to collect contact data and serve as a “check and balance” is the new electronic Public Health Laboratory Request Form also scheduled for implementation July 1, 2007. The “Reason for Examine” area of the laboratory requisition slip is mandatory and includes a “contact” field. The new requisition slip also includes a required “Risk Factor” field for all HIV/STD clients. The contact information from the Laboratory Reporting System will allow the agency to compare the number of contacts entered into the STD-MIS with the number of contacts tested through the Public Health Laboratory.

The STD Program Manager presented the

above information to over 300 Public Health Nursing staff representing all 75 Arkansas counties during the Arkansas Women’s Health Update video conference held in late April 2007. The same information has been shared with the Public Health Investigator Supervisors in May, 2007. Both the Communicable Disease Nurses and the Public Health Investigator Supervisors will make any last minute refinements during the June 2007

Communicable Disease quarterly meeting.

The STD Program will evaluate both of these methods of collecting contact information on a quarterly basis. The STD program anticipates seeing an increase in the number of contacts presenting to local health units for testing, more complete contact data entered into the STD-MIS, and better documentation of contact treatment for gonorrhea and Chlamydia.

Louisiana News

NOTIFICATION OF SEX PARTNERS

The preferred medical management for sex partners of persons with any STI is for all partners to visit a health care clinic for diagnostic testing, treatment, and counseling. However, notifying partners and persuading them to come to a clinic is often difficult due to staff shortages, lack of access to care, and, perhaps, other factors not clearly defined. Referral of partners by the patients is the method most often used to prompt the partners to seek care. Patients with an STI are asked to inform their partner(s) that they have been exposed to an STI and encourage them to go to a clinic for testing and treatment. Unfortunately many partners do not get treated in a timely manner or not at all.

Patients do not always notify their partners. When they do, the partners may not seek treatment.

Two studies in Louisiana have investigated alternative methods to ensure treatment of partners. Patient delivered partner therapy was the most effective alternative method to ensure treatment of partners. Another useful option is referral cards.

Since patient delivered partner therapy has not been implemented at the Louisiana Office of Public Health (but is still in the planning stages), the agency provides patients with referral cards to alert their partners that they could have been exposed to a sexually transmitted disease and information about no cost treatment.



Web Sites of Interest

- CDC’s recommendation and guidelines for screening men for Chlamydia trachomatis (Ct) - The Male Chlamydia Meeting Report provides recommendations to guide targeted screening of males for programs that have already undertaken or are considering such an effort. These recommendations specifically do not address the broader issue of whether all sexually active men of certain ages should undergo annual screening for Ct, in parallel to efforts recommended for women, or how important it is to screen selected populations of high risk males.

>> <http://www.cdc.gov/std/chlamydia/ChlamydiaScreening-males.pdf>

>> <http://www.cdc.gov/std/chlamydia/Dear-Colleague-Male-CT-Screening-2007.pdf>

- CDC’s Practical Use of Program Evaluation Among Sexually Transmitted Disease (STD) Programs - This manual provides step-by-step guidance on how to design and implement a program evaluation. Its goal is to build the evaluation capacity of STD programs so that they can internally monitor their program activities, understand what is working or not working, and improve their efforts.

>> <http://www.cdc.gov/std/Program/pupestd.htm>

<< REFERENCES:

1. *Patient-Delivered Partner Treatment for Male Urethritis: A Randomized, Controlled Trial. Clinical Infectious Diseases* 2005; 41:623–9. Kissinger et al.
2. *Patient-Delivered Partner Treatment for Trichomonas vaginalis Infection: A Randomized Controlled Trial. Sexually Transmitted Diseases, July 2006, Vol. 33, No. 7, p.445-450. Kissinger et al.*