

Digest for March 2008

Journal/ Articles for March 2008

Note: PDFs are available upon request from Dan, email: [dan@jba-cht.com](mailto:dan@jba-cht.com)

#### STDs

- CDC. **Immunization Information Systems Progress.**  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a4.htm?s\\_cid=mm5711a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a4.htm?s_cid=mm5711a4_e)
- CDC. **MMWR March 28, 2008/ Vol. 57/ no. 9.**  
<http://www.cdc.gov/mmwr/weekcvol.html>
- Gerend, M., Magloire, Z. **Awareness, Knowledge and Beliefs about Human Papillomavirus in a Racially Diverse Sample of Young Adults.**  
[http://npwf.convio.net/site/News2?abbr=daily3\\_&page=NewsArticle&id=10767&security=1381&news\\_iv\\_ctrl=-1&s\\_oo=DQRD5tpvr8Gs-EXDnwrkGw..](http://npwf.convio.net/site/News2?abbr=daily3_&page=NewsArticle&id=10767&security=1381&news_iv_ctrl=-1&s_oo=DQRD5tpvr8Gs-EXDnwrkGw..)
- Hogrefe, W. **Genital Herpes: Improving Diagnosis.** (*pdf of web presentation flyer*)
- Mbulaiteye, S., Pfeiffer, R., Dolan, B., et al. **Seroprevalence & Risk Factors for Human Herpesvirus 8 Infection, Rural Egypt.**  
[http://www.cdc.gov/eid/content/14/4/586.htm?s\\_cid=eid586\\_e](http://www.cdc.gov/eid/content/14/4/586.htm?s_cid=eid586_e)
- McNabb, S., Jajosky, R., Hall-Baker, P., et al. **Summary of Notifiable Diseases- United States, 2006.**  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5553a1.htm?s\\_cid=mm5553a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5553a1.htm?s_cid=mm5553a1_e)
- Shamos, S., Mettenbrink, C., Subiadur, J., et al. **Evaluation of a Testing-Only “Express” Visit Option to Enhance Efficiency in a Busy STI Clinic** (*pdf only*)
- Wasely, A., Grytdal, S., Gallagher, K. **Surveillance for Acute Viral Hepatitis- United States, 2006.**  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5702a1.htm?s\\_cid=ss5702a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5702a1.htm?s_cid=ss5702a1_e)

#### HIV

- Kaiser Networks. **Communities Nationwide Commemorate National Native HIV/AIDS Awareness Day.**  
[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=51054](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=51054)

#### FP

- Behets, F. et al. **Evidence-Based Planning of Randomized Controlled Trial on Diaphragm Use of for Prevention of Sexually Transmitted Infections.**  
[http://npwf.convio.net/site/News2?abbr=daily3\\_&page=NewsArticle&id=10777&security=1381&news\\_iv\\_ctrl=-1&s\\_oo=P9pjMqz5CnYTPHKs\\_lh5Ww..](http://npwf.convio.net/site/News2?abbr=daily3_&page=NewsArticle&id=10777&security=1381&news_iv_ctrl=-1&s_oo=P9pjMqz5CnYTPHKs_lh5Ww..)
- CDC. **Provider- Initiated HIV Testing and Counseling of TB Patients.**  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a3.htm?s\\_cid=mm5711a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a3.htm?s_cid=mm5711a3_e)
- Hobbs, M., Van Der Pol, B., Totten, P., et al. **From the NIH: Proceedings of a Workshop on the Importance of Self-Obtained Vaginal Specimens for Detection of Sexually Transmitted Infections.** (*pdf only*)

**Program and Training Branch (PTB) Thursday Report  
Monthly Highlights from the STD Programs  
February 2008**

**FLORIDA**

The Bureau of Sexually Transmitted Disease Prevention and Control has received final approval for the evaluation of the new Mobile PRISM (Patient Reporting Investigation Surveillance Manager) project. The PRISM application is the Web-based replacement to the previously used STDMIS surveillance application from CDC. The PRISM application was deployed in February of 2007 in Florida. The PRISM application operates from a central location in Tallahassee, but users can access the application via the department's intranet from any location within that intranet. By having even one single instance of a patient's complete STD history, the STD staff is better able to determine the appropriate level of followup required.

With this accomplished, the Bureau sought to implement a mobile wireless connection with the PRISM application for situations when information was required while conducting field investigations, interviews, partner notifications, and other STD services outside the confines of the local county health departments. With special attention on the need for security, the Bureau designed and deployed the ability for wireless connection to the PRISM application from a BlackBerry device. This device was chosen based on the fact that these were the approved wireless devices at the time of the development; they offered the other important features such as the phone, GPS, and e-mail connectivity with the office/department while in deployed in the field.

With the BlackBerry device, DIS can now access the PRISM application remotely to conduct record searches, work their daily task lists, make necessary dispositions of Field Records, and search lab records for tests reported within the last 30 days. In addition, STD supervisors and managers can now close records and maintain their own task lists during periods they are away from the office. The introduction of this technology into the business of STD prevention is part of a continuing effort to make tools available to DIS and field staff so as to improve the processes involved, to reduce the costs associated with delivery of services, and ultimately to improve the health outcomes of the communities served.

The evaluation will focus on the effects of critical indicators such as timeliness, accuracy, comprehensiveness, cost savings related to travel and investigations, and improvements in STD service delivery. Such an innovation in technology can provide another tool for public health to use in the mission to improve health outcomes.

Contact: Thomas Cylar, [TIC3@cdc.gov](mailto:TIC3@cdc.gov)

**SAN FRANCISCO**

Deleted: -----Page Break-----

In response to the 2008 syphilis elimination funding cuts, effective January 1, 2008, the STD Section has stopped interviewing early latent syphilis cases diagnosed by private providers. All cases diagnosed in the STD Clinic are still being interviewed. A letter will be sent to all providers notifying them of this reduction in service and advising them to provide their patients with information about the need for partner notification. A staff member will visit the offices of the providers with the largest syphilis and HIV practices to discuss this change with them and to leave materials with them that they can give to their patients that will assist them with performing their own partner notification.

The STD Section had 14 abstracts accepted for presentation at the 2008 National STD Conference in Chicago, Illinois in March 2008.

The following seven abstracts were approved as oral presentations:

- 21<sup>st</sup> Century STD Prevention and Control: Empowering the Community with Internet-based tools, San Francisco, 2007
- Expanded STDtest.org provides San Franciscans with free testing and secure online results for five STDs
- Factors associated with concurrent sexual partnerships among MSM
- Introduction of an Online Emergency Contraception Prescription Service in San Francisco
- Missed Gonorrhea Infections by Anatomic Site among Asymptomatic Men who have Sex with Men (MSM) Attending U.S. STD Clinics, 2002-2006
- MSM Attending STD Clinics HIV Testing more Frequently: Implications for HIV Prevention and Surveillance
- Increasing Rate of Azithromycin Resistance in *Treponema pallidum* Infections — San Francisco, 2005–2006

The following seven abstracts were approved as poster presentations:

- On-Line Syphilis Testing In San Francisco, 2003-2007
- Increased Knowledge of Safe and Appropriate Syphilis Treatment After Viewing
- What do a Healthy Penis, Talking Dogs and SexINFO Text Messaging all have in Common: Innovative Social Marketing Strategies
- Rates of Repeat Testing among Patients Diagnosed with Chlamydia and Gonorrhea at a Public STD Clinic: San Francisco 2005-2006
- Duration of Persistence of *Chlamydia trachomatis* Ribosomal RNA Detected By Transcription-Mediated Amplification in Women Treated For Chlamydial Infection
- Expanded versus Targeted HIV Testing in a Municipal STD Clinic in San Francisco
- Steady Declines in Primary and Secondary Syphilis, San Francisco 2005-2007

In response to the identification of a genetic mutation in *Treponema pallidum* in that confers resistance, in 2004, the STD Section stopped using azithromycin for the treatment of early syphilis and non-gonococcal urethritis in 2005. In 2001-02, 4% of specimens collected were azithromycin resistant, rising to 41% in 2003 and 56% in 2004. Despite

the decreased use of azithromycin, 76.5% of *Treponema pallidum* specimens were azithromycin resistant in 2005 and 77.3% were azithromycin resistant in 2006. Syphilis cases in San Francisco residents are actively being followed up on to ensure that they receive appropriate treatment and are now collaborating with CDC in a nationwide study of antibiotic resistance in *T. pallidum*.

In January 2008, the STD Section reported its first case of Congenital Syphilis in more than five years. This is an extremely unusual case in that the mother initially received treatment for late latent syphilis in her first trimester and subsequently received an additional course of three Bicillin shots late in her pregnancy. Despite the mother receiving all of this treatment, all of the baby's blood work was reactive for syphilis and the case more than met the definition for a confirmed case of congenital syphilis.

The STD Section just added a link to the San Francisco Department of Public Health website for "What folks are saying about City Clinic." The link is <http://dphwww.sfdph.org/sfcityclinic/aboutus/comments.asp>. Since thanks are rarely heard by patients; it's nice to know that they do appreciate the services provided and to read the complimentary remarks, some of which are also extremely funny.

Contact: Dayne Collins, [ZVL1@cdc.gov](mailto:ZVL1@cdc.gov)