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

**CALIFORNIA**

**Adam4Adam ads:**

Advertisements have been purchased on Adam4Adam, a website frequented by gay men. These ads feature a link to a page embedded in [www.stdcheckup.org](http://www.stdcheckup.org) that contains general information on STDs, as well as links to two searchable directories for testing sites ([www.hivtest.org](http://www.hivtest.org), which now has HIV and STD test locations nationwide; and [www.InSpot.org](http://www.InSpot.org) for many cities and states). In the week after the advertisement was placed, a significant increase in the number of visits to the site has taken place.

The information on this site that is aimed at patients is appropriate for men throughout the country. It is believed it will mostly be gay men who are concerned about their health who will make up the majority of the visitors coming from Adam4Adam and other similar sites. Should healthcare providers also come to our site, they will notice that some of the information (such as the allowing of expedited partner therapy) is more specific to California.

Adam4Adam is not set up to allow geo-targeting of advertising, so this advertisement is being seen by men throughout the country although it was initially purchased to support syphilis elimination efforts in San Diego. Given that advertising space may be a significant cost to many public health departments, the STD Program wanted others to know about the purchasing of this space. It may meet many of their needs, and help them save funds. Additionally, the STD Program is happy to provide links as appropriate and within the limited space on [stdcheckup.org](http://stdcheckup.org). Please contact Tom Gray at [Tom.Gray@cdph.ca.gov](mailto:Tom.Gray@cdph.ca.gov) with those requests.

**DIS Two Year Training Program**

The California Department of Public Health STD Control Branch has developed a structured, two year training program to recruit and prepare new Disease Intervention Specialists (DIS). This summer five DIS fellows will be hired. These candidates are currently being selected from the 111 applications received.

From the first graduating class of four, two have taken DIS positions in San Diego; one has been accepted at the Morehouse School of Public Health, and one has been accepted at U.C. Berkeley's School of Public Health.

The program has two components: 1) an 8-week intensive training which consists of module study, plus related lectures and workshops; and 2) skill-building and on-the-job training on assignment in a high morbidity local health jurisdiction for the remainder of the two years. Training also includes medical record abstraction, conducting enhanced surveillance surveys, and participation in outbreak response. If other states and project

areas are interested and can cover travel and per diem, they should contact Elizabeth Ellison at [Elizabeth.ellison@cdph.ca.gov](mailto:Elizabeth.ellison@cdph.ca.gov) to determine if slots will be available.

**Hepatitis Awareness Day:**

Governor Schwarzenegger issued a proclamation naming May 19th California Hepatitis Awareness Day.

**Strategic Planning:**

The STD Control Branch has embarked on a strategic planning process to help prioritize activities and disease emphasis. Anyone who feels particularly proud of how they've done this, please contact Dan Wohlfeiler at [dan.wohlfeiler@cdph.ca.gov](mailto:dan.wohlfeiler@cdph.ca.gov).

**California Statewide Infertility Prevention Project Meeting:**

A California Statewide Infertility Prevention Project (IPP) meeting was held on April 29, 2008, and attended by California, Los Angeles, and San Francisco Project Area representatives as well as Title X and Family PACT partners. The participants established and agreed upon five new CA IPP Priority Areas around which The STD Program will focus future statewide IPP collaborative efforts.

- a. Improving chlamydia (CT)-related awareness (1 and 2 prevention messages);
- b. Increasing CT screening in women <26;
- c. Reducing CT re-infection by improving partner management;
- d. Reducing CT re-infection by increasing re-testing rates; and
- e. A new focus on PID via
  - i. improving clinical dx/tx/management, and
  - ii establishing mechanisms for surveillance.

It was also agreed that four cross-cutting issues and target populations would be addressed by each priority area:

- a. Adolescents,
- b. Racial/ethnic disparities,
- c. Corrections populations, and
- d. Evaluation/Data components

**Costing out performance measure on women entering jails for syphilis:**

Erika Samoff and Jamie Miller completed a cost projection for the CDC performance measure on jail screening for syphilis (reporting the proportion of women screened for syphilis upon booking is required for San Bernardino and San Diego counties). Screening all booked women entering these jails for syphilis would cost at least \$435,000.

**New STD Control Branch Website**

The website is located at <http://www.cdph.ca.gov/programs/std/Pages/default.aspx>. This contains many new features for both stakeholders and the general public.

Contact: Tracey Hardy, [TJH0@cdc.gov](mailto:TJH0@cdc.gov)

## **FLORIDA**

The Florida Department of Health, Bureau of STD Prevention and Control, is pleased to announce the availability of the Florida STD Prevention Certification Curriculum via the Internet. In October 2007, following the trial implementation whereby 42 STD Program Managers and Supervisors completed the curriculum and became formally certified as "STD Prevention Specialists," the Bureau conducted a complete revision based on feedback from the first student cohort. As a result, the seven-module curriculum, end-of-module and comprehensive exams are significantly improved and available to other STD Project Areas. In order to become formally certified in Florida, participants must obtain a passing score of 82% on each of the seven end-of-module exams, as well as the comprehensive exam. If other project areas plan to use some or all of the modules, they will be charged to develop exams that are specific to their respective state.

The Modules are available at the following link:

[http://www.floridadiseasecontrol.com/std/prevent/STD\\_Certification\\_Program.html](http://www.floridadiseasecontrol.com/std/prevent/STD_Certification_Program.html)

To find the modules look on the left navigation bar under Clinic and Field Services and click on "STD Certification Program."

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

## **INDIAN HEALTH SERVICE**

In April 2008, the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), the Indian Health Service (IHS), and the Alaska Native Tribal Health Consortium (ANTHC) hosted a joint American-Canadian meeting in Anchorage, Alaska. The summit titled "*Sexually Transmitted Diseases among Alaska Native and Inuit/First Nations/Métis in Canada: Discovering Opportunities for Collaboration*" sought to provide a platform for fostering an international partnership to address health disparities and to better define cultural determinants influencing the impact of STDs among Native peoples in the United States and Canada. The goals of the conference were to identify existing efforts, gaps in knowledge, and potential opportunities for collaboration in three priority areas: 1) STD Education and Messaging; 2) Prevention Interventions and Research; and 3) Clinical Care as it relates to sexual health and STDs in Northern Native populations. Individual workgroups were formed and charged with exploring one of these three priority areas. Workgroups identified and prioritized specific action items. The feasibility, impact, and sustainability of identified activities were considered in the prioritization of individual action items.

As a result of this unique summit, participants from the United States and Canada collectively identified concrete and actionable opportunities for collaboration to address STD disparities among Arctic populations. These priority areas will serve as the roadmap to guide future collaborative work in the area of STD prevention and provide the necessary framework to ensure a sustained partnership. The United States and Canada Summit is seen as an important initial first step, in what is hoped to be an

ongoing, sustained, and mutually beneficial collaboration that will begin to explore and address the identified STD disparities among aboriginal populations of the Arctic.

Contact: Norman Fikes, [NFF1@cdc.gov](mailto:NFF1@cdc.gov)

## **MINNESOTA**

A new “Health Care Needs Assessment for Men Who Have Sex with Men (MSM)” is now available at the Minnesota Department of Health Web site.

The needs assessment was completed in April 2008 by a team of nine second-year medical students from the University of Minnesota with the assistance of staff from the STD and HIV Section of the Minnesota Department of Health. It is the result of an extensive literature review, interviews with key informants, and focus groups of MSM health care consumers. The report describes health care gaps, examines the causes of and previous attempts to close these gaps, makes recommendations to improve health outcomes, and offers a plan for continued evaluation.

The complete report is available for download at [www.health.state.mn.us/sep](http://www.health.state.mn.us/sep).

Contact: Tracey Hardy, [TJH0@cdc.gov](mailto:TJH0@cdc.gov)

## **SAN FRANCISCO**

City Clinic, San Francisco’s only municipal STD Clinic, was selected for the 2008 Best of San Francisco Award in the Clinics category by the United States Local Business Association (USLBA). In recognition of our achievement, a 2008 Best of San Francisco Award plaque has been designed for display at the Clinic. The USLBA "Best of Local Business" award program recognizes outstanding local businesses throughout the country. Each year, the USLBA identifies companies that they believe have achieved exceptional marketing success in their local community and business category. These are local companies that enhance the positive image of small business through service to their customers and community. A copy of the press release publicizing the selection of City Clinic is posted on the USLBA website <http://www.uslba.net/>.

On May 20, 2008, the STD Section distributed “*Updated Syphilis Screening Recommendations in HIV Infected Patients*” to all San Francisco HIV medical care providers and clinic administrators. The STD Section is now strongly recommending that sexually active HIV infected gay men and other MSM get tested for syphilis with every routine CD4 cell count or HIV viral load.

Rates of early syphilis have continued to increase steadily since the beginning of 2008. As of the end of May 2008, 184 early syphilis cases of syphilis were reported compared to 159 for the same period last year, an increase of 16%. Additionally, a total of 110 cases of P&S syphilis were reported compared to 90 for the same period last year, an increase of 22%.

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

## **TEXAS**

On Thursday, May 1, 2008, the Houston Department of Health and Human Services Bureau of HIV/STD/Viral Hepatitis Prevention, along with six collaborating agencies, held a community summit on young men who have sex with men (YMSM) to increase knowledge and community collaborations in relation to the HIV and syphilis epidemic among this risk group. The summit, which highlighted local HIV and STD prevention activities and linkages to care, convened community members, businesses, and organizations that provide intervention services to reduce HIV and syphilis transmission rates among YMSM.

Over 150 people attended the summit, which allowed the Bureau of HIV/STD/Viral Hepatitis Prevention to establish partnerships with new agencies and to garner commitments from a host of community groups. The summit also afforded participating agencies an opportunity to identify resources for capacity building and to strengthen existing intervention activities and support services for YMSM.

Contact: David Sullivan, [DBS1@cdc.gov](mailto:DBS1@cdc.gov)



July 1, 2008

Dear Colleague,

On Tuesday, June 24, the online journal *PLoS Medicine* published [an article](#) on the findings of the multi-site *Safe in the City* waiting room video intervention trial, showing an almost 10% reduction in new Sexually Transmitted Diseases (STDs) among STD clinic patients who were exposed to the video. The purpose of this letter is to call your attention to this important study, encourage you to view the video at [www.safeinthecity.org](http://www.safeinthecity.org), and, if you are an STD clinic manager, to incorporate this effective intervention into your clinic routine.

*Safe in the City* is a 23-minute HIV/STD prevention video designed for STD clinics that can be easily integrated into the clinic waiting room, requires very little staff time to set up with no disruption to clinic flow, and requires no counseling or small-group facilitation. Designed as a looping video, it contains three interwoven vignettes that model young couples of diverse racial/ethnic backgrounds and sexual orientations in various types of relationships negotiating safer sexual behaviors.

Video interventions in clinic settings offer a practical mechanism for delivering HIV/STD prevention messages because of their relative low cost and ease of implementation, likely acceptability, and high likelihood of being adopted and sustained over time. Additional details on *Safe in the City* can be found at [www.safeinthecity.org](http://www.safeinthecity.org). A kit that includes a programmable DVD, posters, and a users guide is available for prevention providers. To request a kit, please visit [www.effectiveinterventions.org](http://www.effectiveinterventions.org). Initial priority for kit shipment will be given to publicly-funded STD clinics. Later this year, the intervention will be made available to community-based organizations trained on the VOICES/VOCES intervention, as *Safe in the City* meets the alternate video requirements for this intervention.

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is committed to ensuring that STD clinics have the necessary equipment for this intervention. Therefore, grantees may use STD prevention funds to purchase DVD players to implement the *Safe in the City* intervention.

We strongly encourage local STD clinics to become familiar with *Safe in the City*, to consider implementing this intervention in your clinic, and to contact STD prevention program consultants at the Centers for Disease Control and Prevention with additional questions or need for technical assistance.

Sincerely,

John M. Douglas, Jr., MD, Director  
Division of STD PreventionRichard J. Wolitski, PhD, Acting Director  
Division of HIV/AIDS Prevention