

May – June 2009 Digest

Note: PDFs are available upon request from Dan, email: dan@jba-cht.com

STDs

- CDC. National Network of STD/HIV Prevention Trainer Centers- Training Calendar. CDC 2009. <http://www.nnptc.org/>
- CDC. Notice to Readers: National Hepatitis Awareness Month and World Hepatitis Day---May 19, 2009. MMWR 15 May 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5818a5.htm?s_cid=mm5818a5_e
- CDC. Notice to Readers: National Hepatitis B Initiative for Asian Americans/Native Hawaiian and Other Pacific Islanders. MMWR 15 May 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5818a6.htm?s_cid=mm5818a6_e
- Daniels, D., Grytdal, S., Wasley, A. Surveillance for Acute Viral Hepatitis---United States, 2007. MMWR 22 May 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5803a1.htm?s_cid=ss5803a1_e
- MDCH/DHWDC/STD. Guide to Implementing a Sexually Transmitted Disease School Wide Screening. MDCH January 2009. <pdf only>
- Munoz-Laboy, M., Hirsch, JS., Quispe-Lazaro, A. Loneliness as a Sexual Risk Factor for Male Mexican Migrant Workers. Am J PH May 2009. <pdf only>
- NCC. Why Screen for Chlamydia? A Guide for Healthcare Providers. NCC 2009. http://www.prevent.org/index.php?option=com_content&task=view&id=244&Itemid=212
- Sonfield, A. For Some Sexually Transmitted Infections, Secondary Prevention May Be Primary. Guttmacher Spring 2009. <http://www.guttmacher.org/pubs/gpr/12/2/gpr120202.pdf>
- StarLIMS. StarLIMS Newsletter. CDC 13 May 2009.<pdf only>
- Utah DOH. Catch the Answers Webpage. Utah DOH 2009. <http://www.catchtheanswers.net/>

HIV

- CDC. Incidence and Diagnosis of HIV Infection---Puerto Rico, 2006. MMWR 5 June 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5821a3.htm?s_cid=mm5821a3_e
- CDC. HIV Infection---Guangdong Province, China, 1997-2007. MMWR 24 April 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a4.htm?s_cid=mm5815a4_e
- Dieffenbach, CW., Fauci, AS. Universal Voluntary Testing and Treatment for Prevention of HIV Transmission. JAMA 2009 <pdf only>
- Ford, N., Mills, E., Calmy, A. Rationing Antiretroviral Therapy in Africa Treating Too Few, Too Late. NEJM 30 April 2009. <pdf only>

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- Granich, RM., Gilks, CF., Dye, C., et al. Universal voluntary HIV testing with immediate antiretroviral therapy as a strategy for elimination of HIV transmission: a mathematical model. *The Lancet* 3 January 2009. <pdf only>
- Kitahata, MM., Gange, SJ., Abraham, AG., et al. Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival. *NEJM* 30 April 2009. <pdf only>
- Lingappa, JR., Kahle, E., Mugo, N., et al. Characteristics of HIV-1 Discordant Couples Enrolled in a Trial of HSV-2 Suppression to Reduce HIV-1 Transmission: The Partner Study. *PLoS ONE* April 2009. <pdf only>
- Masur, H., Kaplan, JE. New Guidelines for the Management of HIV-Related Opportunistic Infections. *JAMA* 2009. <pdf only>
- McInnes, CW., Druyts, E., Harvard, SS., et al. HIV/AIDS in Vancouver, British Columbia: a growing epidemic. *Harm Red J* 2009. <pdf only>
- Sax, PE., Baden, LR. When to Start Antiretroviral Therapy- Ready When You Are?. *NEJM* 30 April 2009. <pdf only>
- Wood, E., Kerr, T., Marshall, BDL., et al. Longitudinal community plasma HIV-1 RNA concentrations and incidence of HIV-1 among injective drug users: prospective cohort study. *BMJ* 2009. <pdf only>

HPV

- Harper, DM. Comment: Preliminary HPV vaccine results for women older than 25 years. *The Lancet* 6 June 2009. <pdf only>
- Munoz, N., Manalastas Jr, R., Pitisuttihum, P., et al. Safety, immunogenicity, and efficacy of quadrivalent human papillomavirus (types 6, 11, 16, 18) recombinant vaccine in women aged 24-45 years: a randomized, double-blind trial. *The Lancet* 6 June 2009. <pdf only>

FP

- CDC. Quickstats: Percentage of Live Births by Cesarean Delivery, by Plurality--- United States, 1996, 2000, and 2006. *MMWR* 22 May 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5819a9.htm?s_cid=mm5819a9_e
- Denny, CH., Tsai, J., Floyd, RL., et al. Alcohol Among Pregnant and Nonpregnant Women of Childbearing Age---United States, 1991-2005. *MMWR* 22 May 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5819a4.htm?s_cid=mm5819a4_e
- Farr, SL., Kraft, JM., Warner, L., et al. The Integration of STD/HIV services with contraceptive services for young women in the United States. *AJOG* 2009. <pdf only>
- Hoffman, J., When the Cellphone Teaches Sex Education. *NYT* 3 May 2009. <pdf only>
- Rebolj, M., van Ballegooijen, M., Lynge, L., et al. Incidence of cervical cancer after several negative smear results by age 50: prospective observational study. *BMJ* 2009. <pdf only>
- Schwarz, B., et al. Research: Survey of Women Seeking EC, Pregnancy Testing Shows Limited Knowledge About IUDs, Some Interest in Same-Day Insertion. *NPWF* 30 April 2009.

http://www.nationalpartnership.org/site/News2?abbr=daily3_&page=NewsArticle&id=16965&security=1381&news_iv_ctrl=1&s_oo=G0mf8WEDPRZG5OeMBD0rs
[g..](#)

- Strander, B. At what age should cervical screening stop?. BMJ 2 May 2009. <pdf only>
- Sunderam, S., Chang, J., Flowers, L., et al. Assisted Reproductive Technology Surveillance --- United States, 2006. MMWR 12 June 2009.
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5805a1.htm?s_cid=ss5805a1_e
- Tanne, JH. Obama diverts funds from abstinence-only sex education. BMJ 23 May 2009. <pdf only>
- Tong, VT., Jones, JR., Dietz, PM., et al. Trends in Smoking Before, During, and After Pregnancy---Pregnancy Risks Assessment Monitoring System (PRAMS), United States, 31 Sites, 2000-2005. MMWR 29 May 2009.
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5804a1.htm?s_cid=ss5804a1_e

Other Resources

- Kaiser Network. CDC To Review Vaccine Policies; Immigrant, Women's Rights Advocates Anticipating Repeal of HPV Vaccine Requirement. Kaiser 11 May 2009.
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=58410
- NCPHI. Public Health Information Network (PHINews) 2009 Spring Edition Released. CDC 2009.
<http://www.cdc.gov/phin/library/documents/pdf/PHINews%20Volume%203%20Issue%207.pdf>

Program and Training Branch (PTB) Thursday Report
Monthly Highlights from the STD Programs
April 2009

FLORIDA

The Florida Bureau of STD Prevention and Control has finalized the creation of a nationwide Interstate Communication and Control Record (ICCR) directory. For each STD Project Area, a unique ICCR profile includes a complete address, phone number, FAX, contact person(s), diseases accepted via ICCR, Project Area policy on "return of dispositions" back to the sending area, the preferred means for submitting lab results, and sex partner/cluster information. The directory can be found at the following address:
http://internetinterventions.org/index.php?title=Interstate_Communication_Control_Record_%28ICCR%29

This site is supported by Stephan Adelson of **Adelson Consulting Services**, and by **Internet Interventions Incorporated**, a nonprofit 501(C)(3), "Using technology to support sexual health," and has been built as a free public service to keep the National Guidelines for Internet-based STD and HIV Prevention current and act as a repository for protocols and other documentation to support Internet Interventions focused on sexual health and disease intervention.

Any STD Project Area that wishes to access their respective jurisdiction's ICCR profile to make changes or update contact information (see note below), must create their own login and account with the site, a very simple process.

NOTE: Michael Bender, MSB3@cdc.gov, 404-639-8567, is the DSTDP ICCR point of contact. Updates should go to Michael as well.

The following is the ICCR Project Area profile for Florida. Each Project Area profile includes the same information as the Florida example listed below.

Florida

From Internet Interventions

Jump to: [navigation](#), [search](#)

Florida Dept of Health[1]

2585 Merchants Row Blvd Bin A-19 Tallahassee, FL 32311

Phone numbers – 850-245-4325; 850-245-4444 ex 2344 (Valerie) 850-245-4601

Fax Number – 850-414-8103

HIV phone number – same as above

Contact name – Susan O'Bryan

HIV - same as above

Diseases accepted

Chlamydia

Gonorrhea

Syphilis

HIV

Return of dispositions

Chlamydia – If requested.

Gonorrhea – If requested.

Syphilis - If requested.

HIV - If requested.

How to deliver to area

Chlamydia Positive lab results – Call, mail, or fax. Contacts – Call, mail, or fax.

Gonorrhea Positive lab results – Call, mail, or fax. Contacts – Call, mail, or fax.

Syphilis Positive lab results – Call, mail, or fax. Contacts – Call, mail, or fax.

HIV Positive lab results – Call, mail, or fax. Contacts – Call, mail, or fax.

Contact: Thom Cylar, TIC3@cdc.gov

SAN FRANCISCO

1. During the first quarter of 2009, 154 in-jurisdiction early syphilis cases were reported. If this trend continues through the rest of the year, over 600 early syphilis cases will have been reported in 2009. This would be the largest number of syphilis cases reported in San Francisco since 1990.

2. April was STD Awareness Month and the Sexual Health Unit coordinated the following community-based activities:

- Displayed an STD Awareness Month banner inside the STD Clinic and had a weekly game and prize drawing to get the attention of STD patients.
- Had a large adult Men Who Have Sex With Men (MSM) STD testing event at the vacant Tower Records store in the Castro neighborhood with the appearance of disc jockeys from Energy 92.7 and a drag queen show.
- Had a large youth-focused STD testing event at the Third Street Youth Center, with the support of the KMEL Street Team.
- Appearances by Healthy Penis (HP) every Wednesday from April 1 through June 3 at different City locations. The 7:30 a.m. Greg and Fernando Show on Energy 92.7 asked listeners to “stop” HP; and the first three listeners to call in to say they saw him won a prize.

3. In conjunction with the implementation of our rectal infection intervention, we examined the relationship between the number of prior rectal gonorrhea or chlamydia cases and HIV seroconversion in a population of HIV-uninfected MSM diagnosed with a rectal infection at the San Francisco STD Clinic. Of the 541 MSM, 27 (5%) became infected with HIV, for an estimated annual incidence of 2.3%. The 83 (15%) MSM diagnosed with one prior rectal infection in the past two years were over four times more likely to become HIV infected; the 13 (2%) with at least two prior rectal infections in the past two years were nearly nine times more likely to become HIV infected. These data

highlight the need for innovative prevention interventions for HIV-negative MSM; in particular, interventions that reduce rectal GC or CT.

4. On April 1, 2009, our previous social marketing campaign, Dogs Are Talking, was praised on the PBS radio broadcast, Fresh Air, as a great campaign to get community members to take better care of themselves by listening to their dogs. Even though the campaign ended more than six months ago, the campaign is still being acknowledged as an innovative and effective intervention.

Contact: Patrick Harris, PBH3@cdc.gov

Training Highlights June - August 2009

The “Training Highlights” section provides information on upcoming STD training activities of the National Network of STD/HIV PTCs (NNPTC) and the Health Professional Training and Education Unit in the DSTDP. For complete descriptions of classes and self-study educational resources, please visit the NNPTC website www.stdhivpreventiontraining.org, and the CDC STD training website <http://www.cdc.gov/std/training/>

Partner Services and Program Support Training

Please check the DSTDP Training Webpage <http://www.cdc.gov/std/training/courses.htm> for the 2009 Training schedule for the Advanced STD Intervention (ASTDI) course, the STD Intervention for Supervisors (STDIS) course, and the Principles of Supervision course.

Clinical and Laboratory Training

STD Intensive Clinical Courses

STD Part Time Intensive

June 16-18, 2009, Cincinnati, OH

Sponsor: Cincinnati PTC, www.stdptc.uc.edu and the Cincinnati Health Department

Contact: Barbara Forney, forneyba@ucmail.uc.edu, or 513-558-3197

Three Day STD Clinical Intensive Flex course

June 24, 2009, Hartford, CT

Sponsor: Sylvie Ratelle STD/HIV Prevention Training Center of New England,

<http://www.state.ma.us/dph/cdc/std/>

Contact: Janine Dyer, Janine.Dyer@state.ma.us, or 617-983-6964

STD Intensive Course

July 13-17, 2009, Baltimore, MD

Sponsor: Region III STD/HIV PTC, www.stdpreventiontraining.jhmi.edu
Contact: Jeanne Hoover, Jeanne.hoover@baltimorecity.gov, or 410-545-1547

Three day STD Clinical Intensive Flex course
July 21, 2009, Boston, MA
Sponsor: Sylvie Ratelle STD/HIV Prevention Training Center of New England,
<http://www.state.ma.us/dph/cdc/std/>
Contact: Janine Dyer, Janine.Dyer@state.ma.us, or 617-983-6964

Three Day STD Clinical Intensive Flex course
August 19, 2009, Hartford, CT
Sponsor: Sylvie Ratelle STD/HIV Prevention Training Center of New England,
<http://www.state.ma.us/dph/cdc/std/>
Contact: Janine Dyer, Janine.Dyer@state.ma.us, or 617-983-6964

STD Part Time Intensive
August 25-27, 2009, Cincinnati, OH
Sponsor: Cincinnati PTC, www.stdptc.uc.edu, and the Cincinnati Health Department
Contact: Barbara Forney, forneyba@ucmail.uc.edu, or 513-558-3197

STD/HIV Clinical Update Courses

Maryland State Update
June 3, 2009, Clarksville, MD
Sponsors: Region III STD/HIV PTC, www.stdpreventiontraining.jhmi.edu; Maryland State STD Program; Howard Community College
Contact: Barbara Conrad bconrad@dhhm.state.md.us, or 410-767-6686. Please call after May 18, 2009

Clinical Exam Skills and Laboratory Skills Courses

Patient Exam Course
June 18, 2009, Baltimore, MD
Sponsors: Region III STD/HIV PTC, www.stdpreventiontraining.jhmi.edu and BCHD
Contact: Jeanne Hoover Jeanne.hoover@baltimorecity.gov, or 410-396-4448/3876 or 410-545-1547

Self-Study Clinical Continuing Education Offerings (free CE credit available)

Illuminate Live! Free Webinar Sessions!
Join us for online distant learning trainings. Sit at your desk, have co-workers join you - and participate in lectures and discussions on all the hottest STD topics. CME's are available. All eLearning seminars are 12:30 – 2:00 PM Eastern Time. To learn more about eLearning Seminars contact Barbara Forney at forneyba@ucmail.uc.edu, or 513-558-3197

Web Based STD Update with FREE CME (1 hour, category 1, CME)
Available at <http://www.cecentral.com/activity/222>

STD Clinical Intensive Continuing Education Module

This offering features clinical illustrations and video segments on topics such as syphilis, gonorrhea, viral hepatitis, syndromic approach to STDs, and more.
Available at <http://www.bu.edu/cme/std/>

Online Chlamydia Case-Based Training

This course provides screening, diagnosis, and treatment information for chlamydial infections in women in case-based, interactive format.
Available at www.stdhivtraining.org

NNPTC STD Case Series

This web-based case series is designed for practicing clinicians who diagnose, treat and manage patients with, or at risk for, STDs. The series includes case presentations of common STD-related syndromes with a guided, interactive process to evaluate each case, arrive at a diagnosis and provide recommended treatment.
Available at <http://www.stdhivtraining.org/nnptc/start.cfm>

CDC Self-Study STD Modules for Clinicians

This site offers seven web-based educational modules, each based on a specific STD topic. Each module is considered to be an individual course. The target audience is clinicians in primary care settings who desire a basic introduction to STD diagnosis and management.
Available at <http://www2a.cdc.gov/stdtraining/self-study/default.asp>

Other Clinical Resources

Performing Basic STD Examinations

Lectures on a CD that provide thorough, step-by-step instruction on how to take a sexual history and perform an STD examination, including demonstration of examination techniques and proper specimen collection. After completion of the lecture and demonstration, participants attend a hands-on practicum at one of four model STD clinics.

Sponsor: Cincinnati PTC, www.stdptc.uc.edu, and the Cincinnati Health Department
Contact: Janice Davis, Janice.Davis2@cincinnati-oh.gov, or 513-357-7325

STI Provider Toolkits now available. The toolkit includes information on screening, syphilis diagnosis and management, reporting information and a summary laminated STD treatment guidelines card.

Contact: Region II PTC, nycptc@health.nyc.gov, or 212 788 7466

elearning Seminar Series Lectures

Sponsor: Cincinnati PTC, www.stdptc.uc.edu and the Cincinnati Health Department
Continuing education for Health Care Providers at your own computer. Relevant Up-to-Date information for Clinical Practitioners based on CDC's STD Treatment Guidelines

and presented by experienced clinicians and experts in the STD/HIV Field. Multiple lectures archived on the website with CME's available including Chlamydia Update; What's new on the Streets – Drugs and STDs, Mycoplasma genitalium: A new STI; Non-invasive STD Tests: Pros and Cons.

Contact: Barbara Forney, forneyba@ucmail.uc.edu, or 513-558-3197

STD Workshop – This five hour workshop focuses on the techniques for performing male and female genital examinations. The experiential portion of the training includes examinations on plastic models while reviewing the proper collection technique for evaluating male urethral discharge and female vaginal/cervical discharge.

Contact: Patricia Jennings of the AL/NC STD/HIV PTC pjennings@uab.edu, or 205-934-4432

Wet Prep on Demand - When you are ready, we are ready! Schedule a date for your convenience to receive hands-on training in Wet Prep designed especially for laboratorians and nurse clinicians who perform “physician performed microscopy.” Limited to 2 participants per date, Length: 1 day, 7 category 1 CME available, Cincinnati, OH, Scholarships available.

Contact: Janice Davis, Janice_davis2@cincinnati-oh.gov, or 513-357-7325

The online *Practitioner's Handbook for the Management of Sexually Transmitted Disease* (updated December 2004) is available at www.STDhandbook.org

Prevention and Management of STDs in Men Who Have Sex with Men: A Toolkit for Clinicians is designed to assist clinicians in supporting STD prevention efforts among men who have sex with men.

To order a copy of the toolkit, contact the STD/HIV PTC of New England at 617-983-6945.

Darkfield on Demand - When you are ready, we are ready! Schedule a date for your convenience to receive hands-on training in Darkfield Microscopy for Syphilis. Limited to 2 participants per date, Length: 1 day, 7 category 1 CME available, Cincinnati, OH, Scholarships available.

Contact: Janice Davis, Janice.davis2@cincinnati-oh.gov, or 513-357-7325

The *Ready-to-Use STD Curriculum* for Clinical Educators targets faculty in clinical education programs, including those programs that train advanced practice nurses, physician assistants, and physicians. This product can be found at <http://www2.cdc.gov/stdtraining/ready-to-use/> or through the STD training homepage.

STD 101 in a Box targets a more general audience, including community-based organizations, public health departments, schools of public health, health educators, primary care providers, and Disease Intervention Specialists (DIS). This product can be found at <http://www2.cdc.gov/std101> or through the STD training homepage.

Patient-Delivered Partner Therapy for Chlamydia trachomatis and Neisseria gonorrhoeae: Guidance for Medical Providers in California was developed by the California Department of Public Health, STD Control Branch in collaboration with the California STD Controllers Association, and is intended to provide guidance for clinical practice in the implementation of this California legislation (Health and Safety Code Section 120582). The guidelines focus on PDPT strategies, and provide information on the most appropriate patients, medications, and counseling procedures recommended to maximize patient and public health benefit while minimizing risk.

Contact: Linda Creegan, Linda.Creegan@cdph.ca.gov or 510-625-6034

The *California STD Treatment Guidelines for Adults and Adolescents 2007*, and the *Arizona and Nevada STD Treatment Guidelines for adults and adolescents 2007* are summary guidelines for the treatment of patients with STDs reflect the 2006 CDC STD Treatment Guidelines and MMWR April 2007, Update to the CDC STD Treatment Guidelines, Fluoroquinolones no longer recommended for treatment of gonococcal infections. The focus is primarily on STDs encountered in office practice. They are in an easy-to-read grid layout, and can be down-loaded as a two-sided, one page reference material.

Contact: Linda Creegan, Linda.Creegan@cdph.ca.gov or 510-625-6034

The Region II PTC has developed a *Syphilis CME Module* which is now available to clinical providers. The module is a source of clinical guidance and includes the natural history of syphilis and key steps in the diagnosis and management of syphilis.

To request a copy, please email NYCPTC@health.nyc.gov

Other Behavioral Resources

Kaleidoscope: Working effectively with Gay / Bi Men & MSM -The Kaleidoscope Training enhances the knowledge, skill and sensitivity of STD/HIV prevention and/or care service providers so that they may better assess and support the health concerns of diverse gay men and other MSM during the provision of services. These trainings use minimum of didactic content and a majority of activities that incorporate opportunities for both experiential and cooperative learning to occur. These STD/HIV provider trainings take a broad look at a variety of topics related to the health and wellness needs of gay men and other MSM populations and the best practices for providing services to them.

An intervention brochure written in English and Spanish for the individual level intervention *Stage-based Behavioral Counseling* (SBC) is available. This HIV prevention intervention is adapted from the Stages of Change/Transtheoretical Model of Behavior Change Theory and is an integrated approach to STD/HIV prevention. The SBC training course is available for programs or agencies to improve their effectiveness in helping clients change high-risk behaviors. Call CHBT at 585-753-5382 to request a copy of the guide.

In collaboration with our Partner Services Program, the CA PTC has developed a new course titled *New Challenges, New Considerations Working with HIV+ Clients for*

Disease Intervention Specialists. This is a two-day training designed to improve skills in partner elicitation, notification and risk reduction efforts with HIV+ clients. The training focuses on psychosocial factors that are specific to living with HIV that may impact risk and the ability to disclose HIV status. The training offers skill building opportunities for providers to incorporate the knowledge of these factors in the structured interviews with clients.

Program and Training Branch (PTB) Thursday Report
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May 2009

NORTH CAROLINA

More than 33,000 persons are living with HIV or AIDS in North Carolina and it is estimated that 30 to 40 percent of them are not aware of their infection. Approximately 30 percent of the individuals newly reported each year with HIV disease are also reported as new AIDS cases. This significant proportion of late diagnoses (i.e., AIDS) indicates the need for increased HIV testing, education, and early referral to care in North Carolina. North Carolina also has high rates of syphilis, gonorrhea, and chlamydia. In response to these numbers, the North Carolina Communicable Disease Branch, in collaboration with local television station WRAZ/FOX 50, created the statewide HIV/STD testing and education campaign titled "Get Real, Get Tested."

The goals of this project are to identify persons living with HIV and other STDs who need care, treatment, and partner services and to provide HIV/STD education to the general public. The clear message is that if you are sexually active, you should know your HIV status and know the HIV status of your partner(s). Get Real, Get Tested messages have been developed in accordance with CDC HIV/STD counseling and testing guidelines. The campaign uses a two-pronged approach which includes advertisements in media outlets across the state and targeted testing events in communities which have high morbidity rates. Get Real Get Tested advertisements are shown across North Carolina, utilizing television, radio, billboards, and newspapers.

Since the Get Real, Get Tested campaign began in December 2006; HIV testing has increased 38 percent. In 2007, 7,422 rapid HIV tests were administered at non-traditional testing sites (NTS) in North Carolina, with 71 people testing positive for HIV. In 2008, more than 13,000 rapid HIV tests were administered at non-traditional test sites and jails in North Carolina, with 165 people testing positive for HIV.

More than 3,200 people have been tested during the Get Real Get Tested door-to-door-community testing events. As a result, 34 people tested positive for HIV and 32 people tested positive for syphilis. Locations for some of these testing events included Raleigh, Charlotte, Greensboro, Winston-Salem, Durham, Columbus County, and Rocky Mount. Gonorrhea and chlamydia screening is also done in select Get Real, Get Tested (GRGT) testing events. In April of 2009, GRGT efforts to conduct HIV and STD testing of university students resulted in 170 students being tested for HIV, syphilis, gonorrhea, and chlamydia. Those screening efforts resulted in 37 students testing positive for gonorrhea or chlamydia.

The Get Real, Get Tested campaign illustrates the importance of making HIV/STD testing accessible to high-risk people by going into neighborhoods and testing door-to-door. Lack of transportation and awareness of the importance of HIV/STD testing make it difficult for many high-risk people to be tested. Get Real, Get Tested showed that

high-risk people do respond positively to the offer of HIV/STD testing in non-traditional settings and at their homes.

North Carolina's 2009 Get Real, Get Tested campaign is being conducted by the North Carolina Communicable Disease Branch in cooperation with community-based organizations and local health departments, beginning March 2009. Locations being considered for the 2009 *Get Real, Get Tested* targeted campaign include Charlotte, Wilmington, Raleigh, Durham, Elizabeth City, and Winston-Salem. Additional testing efforts in university settings are being planned for 2009 as well as an updated statewide HIV/STD advertising campaign that will include hepatitis messages.

Contact: David Sullivan, DBS1@cdc.gov

SAN FRANCISCO

Effective April 20, 2009, due to staffing shortages and increases in early syphilis cases, the STD Section has discontinued performing interviews of out-of-jurisdiction syphilis patients who are diagnosed at the San Francisco STD Clinic. Approximately 25 percent of patients who seek services at the STD Clinic live outside of San Francisco, but come to the STD Clinic for services due to clinic closures or inconvenient hours of service in their areas of residence. In the past, STD staff members had interviewed these patients for syphilis and then sent all of the paperwork to the county of residence. This was time-consuming and it prevented staff members from focusing all of their efforts on San Francisco residents. In the future, the STD Section will briefly counsel these patients, inform them that they will be contacted by a DIS assigned to their local area for a longer discussion about their syphilis infection, and inform them of the importance of notifying their sex partners and associates of their exposure to syphilis. If the patient has any contacts living in San Francisco, a field record will be immediately initiated and the contact will be contacted to ensure that he or she receives an examination and treatment for syphilis.

Contact: Patrick Harris, PBH3@cdc.gov

TEXAS

The Houston Syphilis Elimination Advisory Council (SEAC) hosted the first annual Syphilis Awareness Day on Saturday, April 25, 2009, from 10:00 am to 2:00 p.m. at Prince Complex, located in northeast Houston. The event, "Don't Sleep On It: Ignoring Syphilis Won't Make It Go Away," is a current marketing campaign being distributed in neighborhoods where there are increased numbers of reported cases of syphilis. The event featured several speakers who discussed the signs and symptoms of syphilis, how it is treated, and how to prevent it. Dr. Roberto Andrade, a physician affiliated with Harris County Hospital District, was the keynote speaker. Speakers from the Houston health department covered topics such as partner services, epidemiology, and prevention. Community-based organizations were on hand to provide free syphilis and HIV tests, as well as to distribute information on the programs and services they offer to the community. Several exhibit booths were set up by organizations, including Triangle

AIDS Network, Independence Heights Community Health Center (blood pressure screening), Sunny Futures Healthy Starts, and Houston's Health and Human Services Department (HIV/STD/Hepatitis). Free food and drinks were available to anyone who stopped by for the event. Local radio station 97.9, The Box, was on hand to play music and provide free giveaways to participants. Eighteen people were tested for syphilis and HIV during the event.

Contact: David Sullivan, DBS1@cdc.gov

INFERTILITY PREVENTION PROJECT

Region IV

The Region IV Gonorrhea control meeting was held in Savannah on May 6, 2009. The meeting was hosted by CDC's Division of STD Prevention (DSTDP) and Cicutelli Associates, the Region IV IPP Infrastructure Coordinator. Eight states--FL, GA, AL, MS, TN, SC, NC, and KY--participated with an assortment of management, epi, and surveillance staff. The main focus of the meeting was to review GC morbidity trends, current and past prevention activities in the region, and to develop realistic action plans for each state to improve prevention efforts. Throughout the meeting it was clear that participants had 'done their homework' and had come prepared to have a full discussion on GC control efforts in their states. Prior to the meeting, CDC had convened a conference call with STD Directors and Managers about concerns and issues they wanted to discuss at the meeting. Participants were asked to review their local epi and control activities ahead of time to ensure that they were prepared for the discussion.

The meeting itself consisted of epi and program overviews by CDC, presentations by Georgia and Florida on their efforts, and break-out discussions where each state developed specific action steps to better address GC. At the meeting close-out, each state presented several cost-neutral action steps they could take over the next 3 to 6 months to better address GC. Evaluation forms and informal feedback indicate that the meeting was well received and that participants appreciated the opportunity to discuss GC prevention in their states. As a complement to the Regional GC Meetings, a 'GC Control' group has been created at www.STDPreventionOnLine.org. The group is open to all, and members (you need to join) can access the 48 articles and other reports on GC that have been posted in the last month.

Regional GC control meetings are scheduled throughout the summer: Region I – Wells, Maine, June 2 and 3, 2009; Region III –Philadelphia, June 16; and Region X – Seattle, July 20, 2009. Fall and winter meetings are being planned in the remaining regions.

Contact: Steve Shapiro, SJS4@cdc.gov



May 12, 2009

Dear Colleague:

In CDC's May 8, 2009, *Morbidity and Mortality Weekly Report* (MMWR), colleagues from the Jefferson County Health Department, the Alabama Department of Health, and CDC published a report, "Primary and Secondary Syphilis - Jefferson County Alabama, 2002-2007." This letter is to call your attention to these data and their implications for syphilis control. The report describes a substantial increase in primary and secondary (P&S) syphilis occurring predominantly among women and heterosexual men in Jefferson County from 2002 through 2007. The report also indicates that rates of syphilis among women have been increasing across the South.

While it is concerning that these increases have reversed a trend of impressive reductions in the rate of syphilis among women dating back to the early 1990s, we should not lose sight of the fact that rates of syphilis among women remain close to historically low levels. In 2007, even after three years of increases, the national rate among women remains less than one-fifteenth of what it was in 1990, a 94% decrease. However, while all of us involved in STD prevention should take great pride in the role that public health efforts have played in these reductions, it is critical that these impressive gains not be lost. In particular, because of the potential for the serious consequences of congenital syphilis, resurgence of syphilis among women of child-bearing age is a special concern.

As a response to these findings, project areas should evaluate their current syphilis morbidity, and, if needed, redirect resources to respond to epidemiologic shifts. As noted in the report, recommended responses include facilitating access to effective treatment in STD clinics or other settings, selective screening in high-prevalence populations (e.g., correctional settings), and ensuring adequate partner services. In addition, our Program and Training Branch will be working with project areas experiencing significant increases in heterosexually-transmitted P&S syphilis to provide assistance with evaluating morbidity and disease trends; interpreting local data to inform planning, prioritization, and implementation of interventions; enhancing awareness among healthcare providers; conducting active surveillance and identifying screening opportunities in targeted populations; and coordinating peer-to-peer program assistance.

We invite and look forward to an interactive discussion about approaches that programs can take to confront syphilis on multiple fronts, allowing both continued efforts to reduce syphilis among men who have sex with men and yet successfully targeting emerging heterosexual epidemics if and when they occur.

With my colleagues here at CDC, I look forward to continuing to work with you as we strive to maintain and build on our historic successes in the prevention and control of syphilis.

Sincerely,

/John M. Douglas, Jr., MD/

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