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Program and Training Branch (PTB) Thursday Report

Monthly Highlights from the STD Programs

June/July/August 2009

CALIFORNIA

The California DPH STD Control Branch partnered with the California Family Health Council, and ISIS, Inc., to develop a statewide text messaging program for youth.

The service, called Hookup, provides young people with accurate and relevant sexual health information plus a geo-targeted clinic look-up system directing users to free or low-cost STD testing and reproductive health services. The testing database is currently being revised to increase the number of clinics that are displayed within the user's zip-code.

The Hookup service was featured in this month's Contraception Technology Update and recently on a local ABC-news affiliate in Los Angeles, <http://abclocal.go.com/kabc/video?id=6958225>.

Contact: David Byrum, RDB4@cdc.gov

INDIANA

Using CDC's economic analysis tool, STIC figure, the Indiana STD Program calculates the estimated lifetime STD costs saved as \$8,067,451 for 2008. With a budget from all sources (state, federal, and local) of \$3,101,870, this gives a yield of \$2.60 saved for every \$1.00 spent.

Contact: Denise Freeman, DLJ9@cdc.gov

SAN FRANCISCO

1. Effective, July 6, 2009, Dr. Jeff Klausner, the STD Director for San Francisco, took a one year leave of absence to work for CDC's HIV Program in Pretoria, South Africa.

Dr. Susan Philip, the STD Clinic Medical Director, will be the interim STD Director in Dr. Klausner's absence.

2. Due to recent budget cuts, effective July 1, 2009, the services provided by the Positive Reinforcement Opportunity Project (PROP), the contingency management meth treatment program for gay and bisexual men, was discontinued. The PROP Program has helped a number of men become abstinent from crystal meth and helped many others reduce their use.

3. As of the end of June 2009, 271 cases of early syphilis were reported compared to 224 for the same period last year, an increase of 21%. Early syphilis cases increased over 60% in 2008 compared to 2007, so this continued increase in 2009 is of great concern. Of particular concern, is the fact that the percentage of HIV negative individuals being diagnosed with early syphilis has increased from 29% for this time period in 2008 compared to 37% for the first six months of 2009. On a positive note, the reported use of meth and poppers has decreased significantly. In 2008, 37% of syphilis cases reported using poppers and 53% reported using Meth compared to 22% and 23% respectively, in 2009.

4. The Healthy Penis (HP) social marketing campaign is continuing. As part of the campaign, street outreaches were conducted twice a month utilizing the HP costumes and, in July 2009, will be expanding the outreach to the front of a

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popular large supermarket in the Castro neighborhood of San Francisco. Networking websites such as Facebook and MYSpace.com have been utilized to conduct a modified form of outreach. Pages were developed for each of the HP characters on these sites and are used to remind gay men about the importance of routine syphilis testing and where they can go to get tested. In July 2009, a banner ad was purchased on the Facebook site to emphasize routine syphilis testing.

5. Due to budgetary issues, www.STDtest.org, the electronic 24/7 STD testing website was temporarily discontinued effective July 1, 2009. The site is being reevaluated to see how it can be fiscally solvent and hope to restart these services in August 2009.

6. In July 2009, the STD Section staffed a booth at the Dore Alley Street Fair where information on STDs was provided and an interactive STD related game that has been very popular with attendees in past years was conducted. Collaboration with the STOP AIDS Project, who is sponsored a movie at Collingwood Park for Men Who Have Sex With Men (MSM), has begun.

7. During the month of June 2009, the STD Section produced and distributed a syphilis related poster for dental and other medical offices depicting typical oral symptoms of syphilis and emphasizing the importance of looking for symptoms and recommending regular syphilis testing. The posters were initially delivered to 30+ providers and will continue to be distributed throughout the rest of the year.

Contact: Patrick Harris, PBH3@cdc.gov

Training Highlights

September – November 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 Advanced

September 14-18, 2009

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

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

STD Intensive

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October 19-23, 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

October 21, 2009, Hartford, CT

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

<http://www.ratelleptc.org>

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

Three Day STD Clinical Intensive course

November 16-18, 2009, Boston, MA

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

<http://www.ratelleptc.org>

STD/HIV Clinical Update Courses

STD Update with Optional Clinical Practicum

October 14-16, 2009, Portland, OR

Sponsor: Seattle STD/HIV Prevention Training Center, www.SeattleSTDHIVPTC.org, the Oregon Health Division STD Program and the Multnomah County Health Department

Contact: Ronnie Staats, rstaats@u.washington.edu, or 206-685-9848

STD Update with Optional Clinical Practicum

November 3-4, 2009, Spokane, WA

Sponsor: Seattle STD/HIV Prevention Training Center, www.SeattleSTDHIVPTC.org and the Spokane County Health Department

Contact: Ronnie Staats, rstaats@u.washington.edu, or 206-685-9848

Clinical Exam Skills and Laboratory Skills Courses

Microscopic Examination of Vaginal Fluids

September 22, 2009, Hillsboro, OR

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Sponsor: Seattle STD/HIV Prevention Training Center, www.SeattleSTDHIVPTC.org, the Oregon Health Division STD Program and the Hillsboro County Health Department

Contact: Ronnie Staats, rstaats@u.washington.edu, or 206-685-9848

Wet Mount Laboratory Course

September 23, 2009, Boston, MA

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

<http://www.ratelleptc.org>

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

Webcast

Illuminate Live! Free Webinar Sessions!

September 9, 2009 –Rapid HIV Testing in the Emergency Room

October 14, 2009 – STD Drug Therapies

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.

Distance Learning – Performing Basic STD Examinations

Lectures on a CD that provide thorough, step-by-step instruction on how to take a sexual history and perform and 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.

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

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

CDC Self-Study STD Modules for Clinicians

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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 and 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

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

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.

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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
Monthly Highlights from the STD Programs
September 2009**

FLORIDA

The Florida Department of Health, Division of Disease Control, is pleased to formally announce October 6, 2009, as the inaugural “Disease Intervention Specialist (DIS) Recognition Day.” The time has come to pay homage to the STD and TB Program DIS workforce for their unwavering perseverance, their commitment to, and their passion for improving the quality of life for thousands of Florida residents and visitors to the state. The Bureaus of STD Prevention and Control, TB and Refugee Health, and HIV/AIDS Prevention have long recognized the tremendous public health contribution of the state’s DIS workforce, who are considered the absolute best in the nation in many ways. The Division of Disease Control leadership is working on a number of planned activities and events to take place in early October to honor and promote recognition and appreciation of their exceptional contributions to disease control.

Each year, DIS provide an array of essential public health services to well over 100,000 persons who are infected with or who have been exposed to syphilis, HIV, chlamydia, gonorrhea, or tuberculosis. Specifically, they work to notify, inform, educate, counsel, test, and ensure adequate treatment for the infected and exposed clients they serve. Additionally, DIS conduct hundreds of STD/HIV/TB educational presentations and targeted outreach screening events that reach over 16,000 at-risk persons each year. To accomplish their daily mission, the DIS workforce often work nights and weekends to meet the ever-increasing demands in STD/HIV/TB prevention. Their collective tenacity and their passion to help those in need through comprehensive case management have contributed remarkably to a reduced communicable disease burden year after year. The DIS working in Area STD and TB Programs are also directly responsible for having contained numerous disease outbreaks and epidemics in every corner of the state.

In honor and recognition of Florida’s DIS workforce, the following DIS Creed was created to epitomize a DIS’s primary motivation: improving the lives of others.

“I am a proud Disease Intervention Specialist, a highly skilled health professional who stops at nothing to prevent the consequences of communicable disease among those so unfortunate to be infected or exposed. My greatest reward is knowing I make a difference.”

Contact: Thomas Cylar, TIC3@cdc.gov

KENTUCKY

In Kentucky, racial disparities for African Americans are 26 times greater than those for Whites. In 2008, Kentucky reported 4,548 cases of gonorrhea. Almost half (2,043) were reported from Jefferson County (Louisville). Fifty-nine percent (1,212) of Jefferson County’s reported cases were among African American, for a rate of 856 per 100,000, which exceeded the overall state rate for this minority population. To address the disparity of GC among African Americans in Jefferson County, Kentucky began providing partner services to targeted populations who sought care at the Louisville-Metro Department of Public Health and Wellness-Specialty Clinic in January 2009. The Specialty Clinic is Kentucky’s only full-time STD clinic. Approximately 63% of its clinic population is African American. Due to limited staffing, GC partner services were targeted for symptomatic men with GC diagnosed via gram stain; with the ultimate goal of identifying asymptomatic females and rapidly referring them for exam and treatment, thus preventing complications such as PID and infertility.

The provision of partner services to this targeted population has resulted in a high positivity rate in those partners who were located and examined. Between January 1, 2009, and September 15, 2009, DIS assigned to the Specialty clinic in Jefferson County interviewed 200 male patients with gonorrhea diagnosed by gram stain, of whom 179 (90%) were African American. One hundred forty-eight partners were located, for a contact index of 0.74. Seventy-one of the partners were located and examined, of whom 51 were infected and treated, for a positivity rate of 72%. Nineteen were epi treated and one was found not to be infected. Fifty-six of the 71 patients were examined within seven days.

Contact: David Byrum, RDB4@cdc.gov

PHILADELPHIA

Philadelphia has joined other major cities in experiencing significant increases in reported cases of infectious syphilis.

Through August 22, 2009, 133 cases of Primary and Secondary (P&S) syphilis had been reported in Philadelphia, an increase of 45% (+41 cases) when compared with the 92 cases reported during the same period in 2008. Of particular interest are the following:

- In 2008, 98% of the cases (90/92) were in males and 2% (2/92) were in females; in 2009, 89% (118/133) of the cases were in males and 11% (15/133) were in females.
- In 2008, 32 (46%) of the 70 P&S cases in those who knew their HIV status were positive; in 2009, 54 (49%) of the 111 P&S cases in those who knew their HIV status were positive.
- In 2008, 71% (65/92) of those with diagnosed P&S cases identified themselves as MSM; in 2009, 65% (77/133) were self-identified MSM.
- In 2008, 71% (65/92) of the P&S cases were found in African Americans; in 2009, 80% (106/133) were found in African Americans.
- Reported early latent syphilis cases increased 39% (+44 cases), from 113 cases reported during this period in 2008 to 157 cases in 2009.

Contact: Patrick Harris, PBH3@cdc.gov

SAN FRANCISCO

1. Due to last-minute City budget negotiations and changes, the Positive Reinforcement Opportunity Project (PROP), a contingency management methamphetamine treatment program for gay and bisexual men, was reinstated, with funding reduced by approximately 6%. The PROP program has helped a number of men completely stop or significantly reduce their use of crystal methamphetamine.

2. In an effort to provide a simple and updated snapshot of the STD Section, a brochure was recently designed that summarizes the STD Section's current mission, goals, and values. Also incorporated was local strategy for responding to the needs of San Franciscans at risk for STDs. This brochure is available to Health Department colleagues; to medical, dental, and mental health care providers; and to local community-based organizations. Beginning in September 2009, a PDF version of the brochure at www.sfcityclinic.org will be available.

3. The STD Section is collaborating with Internet Sexuality Information Services, Inc., to produce a series of events for youth aged 15 to 25 years old and for their families who reside in the Bayview-Hunters Point neighborhood of San Francisco. Called "Get Live, Stay Live," the series focuses on youth culture, combined with sexual health awareness-raising activities. The first event was held on July 25, 2009, featuring local talent in an all-ages concert at the Bayview Opera House. Promotional materials distributed before the event encouraged youth to get a sexual health checkup at a

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local clinic in exchange for free admission and VIP access to the event. A mobile teen health van also was on site to provide education, testing, and referral services.

Contact: Patrick Harris, PBH3@cdc.gov

Erythromycin Eye Ointment Shortage

The recommended prophylaxis for ophthalmia neonatorum, erythromycin (0.5%) ophthalmic ointment, has been identified as being in short supply by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). During the shortage, the following recommendations are made to health care providers to manage supplies:

- Review your supplies of erythromycin eye ointment routinely.
- Reserve current supplies for neonatal prophylactic use only.
- Check with your pharmacies, and make them aware erythromycin ophthalmic ointment should be used only for newborns.

Tetracycline ophthalmic ointment and silver nitrate are no longer available in the U.S. The CDC and the FDA are discussing alternative therapies for newborns.

The American Academy of Pediatrics (AAP) has a page on the [Member Center](#) for this issue. It includes links to appropriate resources and will be updated as information becomes available. Read the AAP SmartBrief e-mail newsletter daily for announcements on the shortage. (Click here: www.smartbrief.com/aap/ to register to receive AAP SmartBrief.)

Voting opens today for AAP National Election

The AAP National Election opens today and members can vote for the next President-Elect as well as their district officers. Voting procedures have changed this year and the only way to vote is online. No paper ballots will be issued. Cast your vote here: www.directvote.net/AAP/

**CDC Announces New Funding Opportunity Announcement:
PS10-1003 "HIV Prevention Projects for Community-Based Organizations"**

The Centers for Disease Control and Prevention (CDC) have released a new funding opportunity announcement (FOA), PS10-1003 "HIV Prevention Projects for Community-Based Organizations," geared to community-based organizations (CBOs). The goals of this FOA are to:

- Provide effective HIV prevention services to persons or groups at high risk for acquiring or transmitting HIV infection.
- Fund nonprofit organizations to conduct, select, standardized HIV prevention programs for the above mentioned populations that will complement and support the HIV prevention activities and interventions conducted by state and local health departments.

The websites and the four pre-application assistance activities listed below will help applicants better understand the goals and objectives of FOA PS10-1003, determine their eligibility for funding, complete the application process, and access technical assistance. The funding opportunity announcement, required attachments, and all other documentation needed to apply are now available from the Grants.gov website here.

The CBO FOA website, developed and maintained by the CDC Division of HIV/AIDS Prevention, contains a copy of the FOA in its entirety, as well as links to the Grants.gov website and additional updates and information. You also are encouraged to review the FOA in advance of the four pre-application assistance activities listed below.

PRE-APPLICATION TECHNICAL ASSISTANCE ACTIVITIES

The activities listed below will help applicants understand the goals and objectives of FOA PS10-1003, determine their eligibility for funding, complete the application process, and access technical assistance.

Four Pre-Application Workshops

The Pre-Application Workshops will be held in four cities throughout the United States during September 2009, and are open to all eligible applicants. They will provide an opportunity for interested organizations to receive comprehensive assistance with the application process.

Each of the Pre-Application Workshops provides CBOs with a full day of intensive, on-site assistance with completing the application process. Division representatives from the Division's Prevention Program Branch (PPB), Program Evaluation Branch (PEB), and Capacity Building Branch (CBB), as well as CDC's Procurement and Grants Office (PGO), will be available to answer questions and provide detailed information tailored to the needs of a particular applicant. The workshop agenda and hotel information can be found on the CBO FOA website. Additional information will be circulated through fax and email and posted at the CBO FOA website. Confirmed dates and locations are listed below.

Please note: Registration begins at 7:30 a.m. and the workshop starts promptly at 8:30 a.m.
September 9, 2009 * Oakland, CA

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Time: 7:30 a.m. - 5:30 p.m.

Waterfront Hotel

10 Washington Street

Oakland, CA, 94607

September 17, 2009 * Atlanta, GA

Time: 7:30 a.m. - 5:30 p.m.

Westin Peachtree Plaza

210 Peachtree Street

Atlanta, GA 30303

September 22, 2009 * Chicago, IL

Time: 7:30 a.m. - 5:30 p.m.

Hilton Suites Chicago - Magnificent Mile

198 East Delaware Place

Chicago, IL, 60611

September 24, 2009 * Philadelphia, PA

Time: 7:30 a.m. 5:30 p.m.

Four Points by Sheraton - Philadelphia City Center

1201 Race Street

Philadelphia, PA, 19107

Webcast Conference Calls * September 29-October 8, 2009

The CDC will conduct a series of webcast conference calls for CBOs. To join the webcast conference calls, interested individuals will need a computer with Internet connection and a telephone. After presentations on the FOA application process by CDC staff, participants will have an opportunity to ask any questions they still have about the FOA. For instructions on how to participate in the webcast conference calls, as well as specific dates/times, please visit the [CBO FOA website](#).

Technical Assistance Conference Calls

Last Chance Question and Answer (Q&A) Calls * October 20-October 26, 2009

The CDC will conduct a series of technical assistance (TA) conference calls for potential applicants. Conference call participants will have an opportunity to ask any questions that they have about the FOA and the application process. Instructions and specific dates/times will be posted to the CBO FOA website. Applicants may submit specific questions they would like to see addressed up to 24 hours in advance of the calls to the CBO FOA email address at CBOFOA@cdc.gov.

NOTE: The deadline for the September 2009 issue is COB September 10, 2009

Please email submissions directly to your [Program Consultant](#) with a copy to tew6@cdc.gov

<<Jun, Jul, Aug 2009.doc>>

UNITED KINGDOM:: "The English National Chlamydia Screening Program: Variations in Positivity in 2007/2008 " Sexually Transmitted Diseases Vol. 36; No. 8: P. 522-527 (08.01.09):: Ian Simms; Alireza Talebi; Johanna Rhia; Paddy Horner; Rebecca S. French; Randall Sarah; Mary Macintosh

In the current study, investigators examined the rate of positivity in the English National Chlamydia Screening Program in 2007-2008.

Among 334,902 chlamydia tests performed, 29 percent were for male patients, among whom 7.6 percent had positive diagnoses. Among women, 9.3 percent were positive for chlamydia. Positivity increased rapidly to a plateau for males ages 19-24. For women, positive diagnoses peaked at age 18, with equal risk of positivity seen for ages 21 and 16.

Positive diagnoses were generally higher among male and female patients who were black or of mixed ethnicity compared with white patients, and Asians had a lower risk of infection. Patients' risk of infection varied by screening venue.

In multivariable analysis, male and female positivity varied significantly with age, ethnicity, screening venue, whether youths had a new sexual partner in the previous three months, and whether patients had two or more sexual partners in the past year. Positivity did not significantly vary with the program's implementation phase.

"This is the largest description of testing for Chlamydia trachomatis in health care and non-health care settings outside of genitourinary medicine clinics in England and allowed a detailed analysis of positivity by age and ethnic group," concluded the study authors. "Considerable heterogeneity exists, and local health service commissioners need to ensure that the implementation of chlamydial screening reflects these differences."

All Things EPT on STDPO

Expedited partner therapy (EPT) is the practice of providing patients diagnosed with gonorrhea or chlamydia infections additional medications or a prescription to give to their partners. EPT is endorsed by the Centers for Disease Control and Prevention and is legal in many states. As EPT is entering the mainstream of STD prevention, many public health practitioners interested in implementing the practice are looking for background information and experiences in other jurisdictions. The recently-formed EPT group on STDPreventionOnline hopes to serve that purpose. Have a look and please add to the growing information source for this important public health intervention.

If you are not a current STDPO member, here's the link to the home page (click on "JOIN NOW"), <http://www.stdpreventiononline.org/index.php/>



August 31, 2009

Dear Colleague,

CDC has recently received reports of a shortage of erythromycin (0.5%) ophthalmic ointment. Erythromycin ophthalmic ointment is the recommended prophylaxis for ophthalmia neonatorum. Tetracycline ophthalmic ointment (1%) is also recommended for prophylaxis for ophthalmia neonatorum but is no longer marketed in the United States. Silver nitrate (1%) which was a recommended regimen in the 2002 STD Treatment Guidelines is not available in the United States. The purpose of this letter is to provide guidance for obtaining supplies of erythromycin (0.5%) ophthalmic ointment during this shortage.

CDC has been in contact with the U.S. Food and Drug Administration (FDA). The FDA is aware of the shortage and is working with the pharmaceutical companies to increase the supply of this product for neonatal prophylaxis use. The shortage is due to a change in manufacturers. Fera Pharmaceuticals recently acquired the rights to the product and are actively working to make Erythromycin Ophthalmic Ointment available. Bausch and Lomb also manufactures Erythromycin Ophthalmic Ointment and is working to increase production during this period of drug shortage. The FDA's [Drug Shortages website](#) has information regarding availability of Erythromycin Ophthalmic Ointment and will be updated as new information becomes available. (<http://www.fda.gov/Drugs/DrugSafety/DrugShortages>)

To secure supplies, we recommend the following over the next several weeks:

1. Review your supplies of erythromycin ophthalmic ointment (0.5%) routinely.
2. Reserve current supplies of erythromycin ophthalmic ointment (0.5%) for neonatal prophylaxis use.
3. For normal replacement supplies, contact your wholesale distributor directly.
4. For severely low supplies (i.e., depletion within a week), contact your wholesale distributor or call Bausch and Lomb customer service at 1-800-323-0000 directly.
5. CDC is consulting with other experts to provide alternate recommendations for extreme situations where erythromycin ophthalmic ointment is not available. These recommendations are forthcoming. In the meantime, in circumstances where a recommended regimen is not available, mothers should be tested for Chlamydia and gonorrhea prior to delivery, and results obtained as soon as possible. The [2006 STD Treatment Guidelines](#) outlines recommended prophylactic treatment for infants whose mothers have gonococcal infection and for management of infants born to mothers who have untreated Chlamydia. Empiric treatment is recommended for infants exposed to gonorrhea (page 48)¹, while monitoring for development of symptoms prior to initiating treatment is recommended for infants exposed to Chlamydia (page 42)². (<http://www.cdc.gov/std/treatment>)

Please circulate this guidance to colleagues who may be affected by the shortage. The CDC point of contact for these recommendations is Dr. Roxanne Barrow (RBarrow@cdc.gov). Contact the FDA drug shortage e-mail account (drugshortages@fda.hhs.gov) with additional inquiries about the shortage.

Sincerely,

/John M. Douglas, Jr. /

John M. Douglas Jr., MD, Director
Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

¹ For gonorrhea: Ceftriaxone 25-50mg/kg IV or IM, not to exceed 125 mg, in a single dose

² For Chlamydia: Erythromycin base or Ethylsuccinate 50mg/kg/day orally divided into 4 doses daily for 14 days