

Announcements

STD Awareness Month — April 2016

According to data published by CDC in the 2014 Sexually Transmitted Diseases (STD) Surveillance Report (<http://www.cdc.gov/std/stats14/surv-2014-print.pdf>), cases of three nationally notifiable STDs (chlamydia, gonorrhea, and syphilis) have increased for the first time since 2006.

With approximately 1.4 million reported cases of chlamydia and a rate of 456.1 cases per 100,000 population, the rate of reported cases has increased 2.8 percent since 2013. Rates of primary and secondary (P&S) syphilis, the most infectious stages of syphilis, and gonorrhea, have both increased since 2013, by 15.1 percent and 5.1 percent, respectively. In 2014, there were 350,062 reported cases of gonorrhea (a rate of 110.7 per 100,000) and 19,999 reported cases of P&S syphilis (for a rate of 6.3 per 100,000).

STDs continue to affect young people, particularly women, most severely, but increasing rates among men, especially among gay, bisexual, and other men who have sex with men, contributed to the overall increases in 2014 for all three diseases.

April 2016 is CDC's annual STD Awareness Month, and the prevention theme for this year's campaign is Talk Test Treat. Individuals should begin a program of STD prevention by talking openly and honestly with their sexual partners and health care providers about their sexual history. Sexually transmitted infections might be asymptomatic; among sexually active persons, getting tested is one of the most important things they can do to protect their health. Health care providers can help their patients decide which tests are the most appropriate for them. Patients who test positive for an STD should work with their doctor to get the correct treatment, and ensure that the treatment works. Learning resources for patients, clinicians, and community members about STDs are available from CDC at <http://www.cdc.gov/std/sam>.

Sudden Death in the Young Case Registry

Approximately 3,500 infants die suddenly and unexpectedly each year in the United States (1). Less is known about the incidence in children because epidemiologic studies of these deaths in children are rare (2). The increased mortality risk in children with undetected heart conditions or epilepsy highlights the need for expanded surveillance to identify sudden unexpected death associated with these conditions (3,4).

In 2013, with support from the National Institutes of Health, CDC expanded its Sudden Unexpected Infant Death* Case Registry to develop the Sudden Death in the Young Case Registry (SDY-CR). The first registry helps states compile information on infant deaths that remain unexplained after investigation, whereas SDY-CR is an active surveillance system that targets both sudden cardiac deaths (SCD) and sudden unexpected deaths in epilepsy (SUDEP) among children and young adults. SDY-CR's goals are to 1) determine the incidence of SCD and SUDEP among infants, children, and adults aged ≤ 19 years, 2) collect clinical and demographic information about cases, 3) collect and store DNA samples in a biorepository for research, 3) examine preventable risk factors contributing to sudden unexpected death, and 4) inform prevention efforts.

Participating states and jurisdictions identify SDY-CR cases using existing child death review systems and protocols (5). SDY-CR also includes an advanced review team (e.g., cardiologists, neurologists, and forensic pathologists) who assist in categorizing sudden unexpected deaths in the young, using a standardized protocol. The National Institutes of Health will fund scientists who access SDY-CR data and samples to conduct research examining risk factors associated with SCD and SUDEP.

In 2016, seven states (Delaware, Georgia, Minnesota, New Hampshire, New Jersey, Nevada, and Tennessee) and three other jurisdictions (San Francisco; Tidewater, Virginia; and selected counties in Wisconsin) are participating in SDY-CR. Additional information about SDY-CR is available at <http://www.nhlbi.nih.gov/news/spotlight/fact-sheet/frequently-asked-questions-about-sudden-death-young-case-registry>.

*The death of an infant aged <1 year that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation.

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References

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2. Chugh SS, Reinier K, Balaji S, et al. Population-based analysis of sudden death in children: The Oregon Sudden Unexpected Death Study. *Heart Rhythm* 2009;6:1618–22. <http://dx.doi.org/10.1016/j.hrthm.2009.07.046>
3. Selassie AW, Wilson DA, Malek AM, et al. Premature deaths among children with epilepsy—South Carolina, 2000–2011. *MMWR Morb Mortal Wkly Rep* 2014;63:989–94.
4. Wong LC, Behr ER. Sudden unexplained death in infants and children: the role of undiagnosed inherited cardiac conditions. *Europace* 2014;16:1706–13. <http://dx.doi.org/10.1093/europace/euu037>
5. Covington TM. The US National Child Death review case reporting system. *Inj Prev* 2011;17(Suppl 1):i34–7. <http://dx.doi.org/10.1136/ip.2010.031203>

National Public Health Week — April 4–10, 2016

Every year since 1995, the American Public Health Association has led the observation of National Public Health Week in the United States during the first full week of April. The goal of National Public Health Week is to acknowledge contributions made by public health and to raise awareness of issues important to improving the nation's health. This year's observance focuses on building a nation of safe and healthy communities. Additional information about this year's observance is available at <http://www.nphw.org>.

In conjunction with this year's observance, CDC is partnering with the American Public Health Association to promote daily themes for National Public Health Week by sharing information on CDC topics that align with each day's theme. Additional information is available at <http://www.cdc.gov/features/public-health-week/>.