



March 30, 2006

Dear Colleague,

This first Dear Colleague Letter of 2006 highlights some key activities from 2005 involving the Division of STD Prevention (DSTDP) and our colleagues in the field of STD prevention. In addition, it is a good time to focus our attention on some of the emerging issues we will need to address together in 2006, many of which will be topics at the National STD Prevention Conference, *Beyond the Hidden Epidemic: Evolution or Revolution*.

### **CDC Context**

During the past two years, CDC reorganized to meet changing health and environmental challenges, including defining new health protection goals. Within the reorganized CDC, DSTDP is part of a new Coordinating Center for Infectious Diseases (CCID) and within the National Center for HIV, Viral Hepatitis, STD and TB Prevention. (NCHHSTP (proposed))

<http://www.cdc.gov/nchstp/od/nchstp.html> The major change to our Center is the addition of the Division of Viral Hepatitis, a structural change we feel will allow for even better integration of HIV, STD and Hepatitis prevention services.

CDC has developed 21 cross-disciplinary health protection goals, organized around four themes. Throughout CDC, we are looking at approaches to align prevention strategies with the agency-wide goals to maximize health impact. (<http://www.cdc.gov/about/goals/goals.htm>):

- Healthy People in every Stage of Life
- Healthy People in Healthy Places
- People Prepared for Emerging Health Threats
- Healthy People in a Healthy World

### **DSTDP priorities**

Within the context of the new CDC, DSTDP re-examined our mission and goals. Our revised working statements follow.

- DSTDP's mission is to help people be safer and healthier by prevention of STDs and their complications.
- DSTDP's priority disease prevention goals include prevention of:
  - STI-related infertility (and other complications of PID)
  - STI-related adverse outcomes of pregnancy
  - STI-related cancers
  - STI-related HIV transmission and acquisition (and other STI-HIV interactions)
- DSTDP's specific disease prevention goals should be contextualized within the broader frameworks of the social determinants of health, the promotion of sexual health and the primary prevention of sexually transmitted infection.

### **DSTDP leadership**

DSTDP leadership changes during 2005 include:

- Darien Ogburn was named Deputy Division Director in July.
- Amy Pulver was named Associate Director for Policy, Planning and External Relations in September.

- Kevin Fenton, visiting scientist from the UK who served as our Syphilis Elimination Effort (SEE) Coordinator, was named the Director at NCHHSTP (proposed) in November.
- Kathleen (Katy) Irwin, Health Services Research and Evaluation Branch (HSREB) Chief, retired in December.
- Recruitment is underway for the SEE Coordinator and Branch Chiefs for HSREB and BIRB.

### Consultations

We pursued STD prevention goals through initiation of several important consultations this year, involving colleagues within and outside of CDC.

- ***Methamphetamine*** (January), held in collaboration with Divisions of HIV Prevention (DHAP), resulted in establishing an ongoing NCHHSTP (proposed) Methamphetamine Workgroup to address the recommendations from the consultation; collaborations with other agencies and partners; developing an inventory of resources and programs; and increased training efforts using PTCs.
- ***Expedited Partner Therapy*** (March) resulted in new CDC guidance through a Dear Colleague Letter (<http://www.cdc.gov/std/DearColleagueEPT5-10-05.pdf>) and a technical report (<http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>). Work continues to summarize evidence, document promising practices and produce an inventory of state-level legal barriers to implementation.
- ***STD Treatment Guidelines*** (April) resulted in updated guidelines to be released in an MMWR in the summer of 2006.
- ***Syphilis Elimination Effort*** (August) provided input to update the Syphilis Elimination Plan, currently in final draft form, which will be released at the STD Prevention Conference in May 2006. <http://www.cdc.gov/stopsyphilis/consultant-mtg-aug2005.htm>

### New tools

New tools to enhance STD prevention program delivery were developed or released in 2005.

- ***Syphilis Elimination Effort (SEE) Community Mobilization Toolkit*** is designed to give state and local health departments the tools to build coalitions and alliances to mobilize specific target audiences. Target-specific materials are designed to increase local awareness and visibility <http://www.cdc.gov/std/see/>
- ***HPV Poster and Brochure*** are scientifically accurate, audience-tested HPV posters and brochures in English and Spanish targeted to sexually active adults 18 to 29 years old and those considering becoming sexually active. The HPV website contains both CDC-branded materials (<http://www.cdc.gov/std/HPV/default.htm#commoninfection>) and materials that can be locally-customized (<http://www.cdc.gov/std/HPV/common-downloads.htm>). All can be downloaded.
- ***HPV and Cervical Cancer: An Update on Prevention Strategies*** is a one-hour webcast that debuted on August 9 and is available as a CD-ROM or online (<http://www.cdc.gov/std/HPV/webcastQA-2005.htm>). Its intent is to increase provider knowledge and promote clinical/management practices related to HPV and its associated conditions consistent with national guidelines.
- ***2004 STD Surveillance Report*** was released in November with an electronic press briefing. Electronic copies are available at <http://www.cdc.gov/std/stats/default.htm>, and slide sets at <http://www.cdc.gov/std/stats/slides.htm>
- ***STD Trends*** summarizes 2004 national data and provides an overview of 2004 trends in each of the reportable STDs. <http://www.cdc.gov/std/stats/trends2004.htm>
- ***STD Program Evaluation*** tools will be presented at a one-day workshop in Jacksonville, just prior to the start of the national STD conference.
- ***Lessons Learned and Emerging Best Practices from The National Syphilis Elimination Program Assessment*** presents findings from the comprehensive examination of local syphilis elimination efforts for 36 high morbidity area program sites.

- *Special journal issues* edited by DSTDP colleagues provide comprehensive discussions of two important topics.
  - Advances in Multilevel Approaches to the Epidemiology and Prevention of Sexually Transmitted Infections and HIV: *Journal of Infectious Diseases*, February
  - Syphilis Among MSM: *Sexually Transmitted Diseases*, October

### Scientific and Program Developments

Important scientific and program developments during the past year include:

- *Performance Measures* implementation continued, with 46% – 86% of project areas (depending on the performance measure) completing data collection systems and submitting performance measure data.
- A new RFP for the National Network of *Prevention Training Centers* was posted in November 2005, and awards were made to 10 clinical, 4 behavioral and 4 partner services training sites in March 2006.
- Work resumed on the *STD Program Area Module(PAM)*, with expected completion for testing by the end of 2006.
- Project areas began reporting on the sex of sex partner variable of *Enhanced Interview Record*, and by year-end 70% of project areas had submitted this information on one or more P&S syphilis cases reported in their jurisdiction.
- We took steps to enhance cost-effective integration of services and help program areas maximize resources to address broad sexual health issues, including:
  - Harmonizing STD and HIV partner management guidance
  - Routinizing HIV testing
  - Addressing HIV and STD disparities in African Americans
  - Increasing Hepatitis B vaccination in adults
  - Synergies among STD and HIV data management systems
- DSTDP scientists collaborated with the World Health Organization (WHO) and other international partners on worldwide STI health issues, including:
  - The WHO Global Strategy for the Prevention and Control of STIs
  - The WHO Action Plan for the Global Elimination of Congenital Syphilis
  - The WHO STI Diagnostics Initiative
- Six collaborating sites for the *STD Surveillance Network (SSuN)* were selected and are working with DSTDP to develop a dynamic STD surveillance network to detect, monitor, and respond to established and emerging STD trends.

### Emerging Issues

New issues will continue to emerge and old issues will evolve, requiring new or different emphases. Some of the topics we will address in the coming year include the following:

- Implementing the *updated National Plan to Eliminate Syphilis* will require creative collaboration to address the syphilis epidemic among MSM while continuing progress toward elimination of syphilis in heterosexual populations.
- The *prevalence of Chlamydia infection in women has plateaued or risen* in many public clinic settings, underscoring the importance of strategies such as more effective partner therapy, screening of high-risk men and early rescreening after treatment.
- The *high proportion of cases of gonorrhea and chlamydia reported from the private sector* requires new strategies for working with private providers for STD prevention, screening, diagnosis and treatment.
- Increased *resistance of gonorrhea* to a dwindling number of drugs will call for new strategies for both prevention and treatment.

- FDA approval of the first **HPV vaccine** is expected in May, and CDC's Advisory Committee on Immunization Practices (ACIP) expects to make recommendations for use of the vaccine in June. Implementation and evaluation of the vaccine will require coordination with immunization and cancer prevention programs.
- The availability of an adolescent STD vaccine will highlight the ongoing importance of developing **multi-layered STD prevention messages for adolescents**.
- We continue to face challenges in fully implementing the first STD vaccine, for **Hepatitis B**. Developing better strategies for venue-based immunizations in settings serving high-risk adults (STD clinics, correctional facilities, drug treatment clinics) remains an important issue.
- Better **integration of STD and HIV prevention activities** is a priority, both in the prevention care of those with known HIV infection and in the expansion of HIV screening for persons with STDs.
- **Racial disparities** have long been a challenge in STD prevention and are an increasingly recognized issue for HIV prevention as well. Developing comprehensive approaches to disparities in sexual health will require collaboration with HIV prevention programs and community partners.
- The nation's **fiscal environment** presents challenges for CDC and other agencies.
  - The FY 2006 CDC discretionary budget is lower than the FY 2005 budget, the first time CDC has experienced an overall cut in 25 years.
  - Congress again mandated a rescission on the entire federal budget (1% for 2006), and HHS and other assessments will result in a DSTDP budget reduction of approximately 3% that will impact our ability to fully support our STD prevention program, science, and policy activities, including funding to project areas.
  - We will share details of the budget impact with you as soon as it is clear. There will be challenges for all of us working in STD prevention, but we remain committed to working together to develop strategies to mitigate the impact of budget reductions on state and local programs and on general national STD prevention efforts.

### **STD Prevention Conference**

The 2006 National STD Prevention Conference, *Beyond the Hidden Epidemic: Evolution or Revolution.*, will provide us with opportunities to think and talk about a wide range of STD prevention issues and ideas. Invited keynote speakers will challenge us to think about our field in new and different ways. The scientific program is rich, with opportunities for discussion and debate. And, as always, the energy that comes from conversations with colleagues will provide us with some of our best conference moments. I look forward to seeing you in Jacksonville, Florida, May 8 – 11.

In closing, let me thank all of you – on behalf of all of us at CDC who focus on STD prevention – for your ongoing perseverance and creativity as we work together to maintain progress and strive for health impact. We are at a point in our nation's history where core public health activities, such as STD control and prevention, feel less appreciated and funded than we would like. Yet, there are many positives: promising new tools, exciting challenges, and – most importantly- a mission that is vitally important for the nation's health. I wish you success in this year working on our common mission and challenges. It is a privilege to be part of such a dedicated and talented team.

Sincerely,



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 Division of Sexually Transmitted Disease Prevention  
 National Center for HIV, Viral Hepatitis, STD and TB Prevention (proposed)