



January 28, 2013

Happy New Year Colleagues,

Although we are only a few weeks into 2013, so much has already happened in our world of STD Prevention that I wanted to immediately bring these issues and initiatives to your attention.

Doxycycline Shortage

The Food and Drug Administration (FDA) reported a shortage of doxycycline on January 18, 2013. Doxycycline is a recommended therapy for some sexually transmitted infections and syndromes including chlamydia, nongonococcal urethritis, epididymitis and pelvic inflammatory disease. It is also an alternative therapy for syphilis in patients with a penicillin allergy. Doxycycline tablets/capsules are currently available in limited supplies. For additional information about the availability of doxycycline, visit the [FDA Drug Shortage Website](#). Other CDC recommended and additional alternative regimens are listed below and outlined in the [2010 STD Treatment Guidelines](#).

Chlamydia and Nongonococcal urethritis

Azithromycin 1 g orally in a single dose

Gonorrhea

Ceftriaxone 250 mg IM in a single dose

PLUS

Azithromycin 1 g orally in a single dose

Syphilis (penicillin allergic)

Primary or secondary syphilis

Tetracycline 500 mg orally four times daily for 14 days

Late latent syphilis

Tetracycline 500 mg orally four times daily for 28 days

Epididymitis

Ceftriaxone 250 mg IM in a single dose

PLUS

Tetracycline 500 mg four times daily for 10 days

*Pelvic Inflammatory Disease**

Ceftriaxone 250 mg IM in a single dose

PLUS

Clindamycin 450 mg orally four times daily for 14 days

WITH OR WITHOUT

Metronidazole 500 mg orally twice a day for 14 days

*see STD Treatment Guidelines for additional regimens

To assist us with understanding the extent of this shortage, please contact your program coordinator if your program area is experiencing any difficulty in obtaining doxycycline tablets/capsules.

New CDC Specimen Submission Website and Form

CDC developed a new [CDC Specimen Submission](#) website to serve as a “one-stop-shop” for specimen submissions. On the site, you can download the CDC Specimen Submission Form, access [The Infectious Diseases Laboratory Test Directory](#), search for tests to order, and find additional information about shipping specimens to CDC.

Effective February 4, you will need to use a new version of the CDC Specimen Submission Form (Form 50.34, previously known as the “DASH” form) when sending specimens to CDC. The re-designed form was built using Adobe® LiveCycle and provides numerous features and improvements. Training materials on completing the new form are available at the new [CDC Specimen Submission](#) website.

The Infectious Diseases Specimen Submission (IDSS) Help Desk has been established to serve as the central point of contact for questions related to the new form and website. The Help Desk hours are from 8:00 am to 5:00 pm EST Monday-Friday, and will be closed on federal holidays. IDSS Help Desk contact information is as follows:

IDSS Help Desk email: CDC_ID_lab_info@cdc.gov

IDSS Help Desk phone (local): 404-639-2176 (Operational beginning February 4)

IDSS Help Desk phone (toll free): 1-855-612-7575 (Operational beginning February 4)



The Internet and Emerging Technology

In previous years, DSTDP has encouraged the integration of the Internet into STD and HIV prevention efforts. DSTDP continues to support the use of the Internet and emerging technology, including smart devices and social media, for partner services and other STD prevention efforts. In order to keep pace with this ever changing landscape, staff in DSTDP has formed a team to conduct three main activities over the next several months. This team, along with The National Coalition of STD Directors will:

- a) assess the current state of Internet Partner Services (IPS) activities around the country;
- b) update and disseminate the [National Guidelines for Internet Based STD and HIV Prevention](#);
- c) and develop and implement a sustainable, peer-based support network to provide technical assistance to programs looking to begin, enhance and/or evaluate their IPS efforts.

In the meantime, if you have any thoughts, suggestions, or success stories about your work as it relates to IPS and emerging technology, I strongly encourage you to share them with Frank Strona, DSTDP's IPS Coordinator, at (415) 487-5541 or FHS3@cdc.gov.

Thank You!

Last October I requested information from you pertaining to clinics supported by section 318 and 318-A funds in calendar year 2012. This information was provided to the Office of Pharmacy Affairs in the Health Resources and Services Administration (HRSA), the group responsible for the administration of the 340B program. I want to thank everyone for their quick response to this request. This information may be useful to DSTDP for program planning purposes. Additionally, this information provided HRSA with the information they needed to assess the changing landscape of healthcare and public health.

STD-related Reproductive Health, Prevention, Training, and Technical Assistance Centers

In order to more effectively and efficiently meet Title X training needs in the rapidly evolving health care environment, the Office of Population Affairs (OPA) moved from a regional training model to a national training model for the funding cycle beginning September 1, 2012. Four national centers were funded to cover the following areas: the National Training Center for Coordination and Strategic Initiatives; the National Training Center for Management and Systems Improvement; the National Training Center for Family Planning Service Delivery; and the National Training Center for Quality Assurance, Quality Improvement and Evaluation. For more information, visit the OPA web site.

DSTDP continues to support a regional approach for our collaborations with OPA, and has funded nine STD-related Reproductive Health, Prevention, Training, and Technical Assistance Centers (STDRHPTTACs) to assist with STD prevalence monitoring, billing and reimbursement technical assistance; strategic provider education training, and best practices.

I encourage you to reach out to your regional STDRHPTTACs coordinator to discuss how to coordinate these efforts in your area. There are many organizations currently working on billing capacity and we want to avoid duplication of effort and resources. More information about the STDRHPTTACs, including the coordinator contact information, can be found online at <http://www.cdc.gov/std/stdrhpttac/default.htm>.

There is a lot to look forward to in 2013 and I want to work collaboratively with you as DSTDP releases new data, publishes articles, and plans for the next National STD Prevention Conference. We are revamping our partner newsletter with plans to launch in the coming months, expanding our presence in social media (follow us on Twitter @CDCSTD), and developing new outreach products -- all with the goal of keeping the lines of communication open between DSTDP and our partners. I hope you are as excited about 2013 as I am.

Best Regards,

Gail

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