

# DSTD Connect

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## Director's Highlights

Happy New Year! Last year was full of new beginnings and accomplishments, and 2012 looks to be on target for continued improvement and success in STD prevention and capacity-building. This February marks my one-year anniversary as DSTDP Director, as well as my continued commitment to my values, or “Bolanisms” I believe will serve our division and our partners well in 2012 and beyond: communication, diversity, organizational efficiency, quality improvement, staff development, and teamwork. Better customer service is one reason we are realigning our division.

There are many exciting things happening within DSTDP and NCHHSTP. One such project is the NCHHSTP Atlas, a new and interactive system that allows you the viewer to see geographical and trend data for HIV, STD, viral hepatitis, and TB. Turn to page 3 of this newsletter to learn more about the NCHHSTP Atlas.

As you all are well aware, our next National STD Prevention Conference will be held March 12–15, 2012. This year's theme is “STD Prevention Innovation: Solutions in an Era of Change,” which illustrates the approach we want to take in the future: positive, practical, and predicated on a creative and evidence-based approach to problem solving. Our conference will take place just two years before public health, health systems, and health care delivery are poised to transform, spurred by innovation, legislation, and the need to adapt to resource constraints. See page 3 for more information about conference and hotel registration, and to learn more about the host city, Minneapolis.

As always, *DSTD Connect* includes spotlights of our local and state health department partners and the work they are doing in the field. Read stories from Los Angeles, New York, Spokane, and more starting on page 4. Our new column, “Around the Globe,” is on page 6 and highlights our international activities, as well as those of our international partners.

Finally, I cannot thank you all enough for being flexible and providing me feedback as we undergo the DSTDP realignment. We will continue to provide up-to-date information on the DSTDP realignment.

To provide feedback on this newsletter, please email Natarsha Thompson at [natarsha.thompson@cdc.hhs.gov](mailto:natarsha.thompson@cdc.hhs.gov). To find an archive of all DSTDP Connect newsletters, please visit <http://www.cdc.gov/std/dstdp/default.htm>.

Hope to see you in Minneapolis,

Gail

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# Partners' News

## **ACOG Releases Opinion on Expedited Partner Therapy to Prevent STI Reinfection**

In Committee Opinion #506, "Expedited Partner Therapy (EPT) in the Management of Gonorrhea and Chlamydia by Obstetricians-Gynecologists," The American College of Obstetricians and Gynecologists (ACOG), the nation's leading group of physicians providing health care for women, has encouraged its members to prescribe antibiotics for the male partners of their female patients diagnosed with chlamydia or gonorrhea to reduce the high reinfection rate. This opinion was published in the September 2011 issue of *Obstetrics & Gynecology*.

EPT allows doctors to provide prescriptions for antibiotics or the antibiotics themselves to patients to take to their partners who are either unlikely or unable to go to the doctor.

For more information about EPT, visit <http://www.cdc.gov/std/ept/>.

## **National Coalition of STD Directors Resources Cultural Competency, MSM and Internet-Based Partner Services Webinar**

This webinar explores online venues that serve MSM, the culture of sex-seeking online, and examines sexual orientation, online behaviors and identity while providing perspectives that can help to create an accepting environment where patients will be more at-ease to discuss partnering and

contacts. Visit the archive [links](#) to view the webinar and the webinar slide set.

Please be aware blurred adult images and sexually explicit language are included in this webinar.

## **Managing STDs in the Correctional Setting: A Guide for Clinicians**

NCSD, in partnership with the Sylvie Ratele STD/HIV Prevention Training Center (PTC) of New England and other STD/HIV PTCs, released, "[Managing STDs in the Correctional Setting: A Guide for Clinicians](#)." This second edition was developed to assist clinicians in the prevention and management of STDs in correctional settings.

For more information on NCSD and its resources, visit <http://www.ncsddc.org/>.

## **National Network of STD/HIV Prevention Training Centers (NNPTC)**

NNPTC is a CDC-funded group of regional centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the knowledge and skills of healthcare providers in the areas of sexual and reproductive health. Since 1997 the NNPTC has provided over 50,000 health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention. For more information, visit <http://www.nnptc.org/>.

## On the Web

**CDC STD Awareness Month Resource Site** — <http://www.cdcnpin.org/stdawareness/Home.aspx>

**CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, STD, and Tuberculosis Programs** — <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

**NCHHSTP Atlas** — [www.cdc.gov/NCHHSTP/atlas/](http://www.cdc.gov/NCHHSTP/atlas/)

**2010 STD Surveillance Report** — <http://www.cdc.gov/std/stats10/default.htm>

**2010 STD Treatment Guidelines Webinar Series: Focus on Adolescent Sexual Health** — <http://www.cdc.gov/std/treatment/Adolescent-Webinar-Slides-June-1-2011.pdf>

**2010 STD Treatment Guidelines Webinar** Managing STDs in Correctional Settings: Behind the Walls Webinar, November 9, 2011 — <https://www1.gotomeeting.com/register/992293312>

**CDC Expert Commentary featuring DSDTP Director Gail Bolan** — Screening for Sexually Transmitted Disease: Who, When, and How, January 9, 2012 — <http://www.medscape.com/viewarticle/754191>

## NCHHSTP Atlas

CDC has released the [NCHHSTP Atlas](#) designed to provide interactive and unified access to HIV, viral hepatitis, STD, and TB data that can meet the analytical and data dissemination needs of NCHHSTP and its national, state, and local partners, as well as the general public. The primary intended audiences for these data are state and local health departments, community-based organizations working in HIV, hepatitis, STD, and TB prevention. This online Atlas contains interactive maps, tables, and charts that allow the user to map, display, and analyze our Center data. Data can be shown by year or over time, using a trend data player.

Specifically, for STDs, the Atlas allows STD programs, organizations, and medical professionals to more efficiently:

- Target their STD screening efforts;
- Allocate STD partner service resources;
- Enhance STD programs' effectiveness;
- Utilize EPT for gonorrhea and chlamydia; and
- Promote STD prevention education where it is most needed.

This first version of the Atlas contains HIV and STD surveillance data, with TB and viral hepatitis data slated for inclusion over time, as is an advanced query component and a dashboard application. Visit [www.cdc.gov/NCHHSTP/atlas/](http://www.cdc.gov/NCHHSTP/atlas/) for more information.

## Partner Services Providers Quick Guide is Now Available

The [Partner Services Providers](#) (PSP) Quick Guide is a resource tool developed and designed to be used by Disease Intervention Specialists, public health nurses, and other partner services providers in health departments and community organizations that provide STD and HIV partner services. The PSP Quick Guide includes CDC's 2008 integrated HIV and STD partner services recommendations along with ready reference information to assist with the recognition and prevention of reportable STDs, HIV, TB, and viral hepatitis. The PSP Quick Guide is intended to encourage program collaboration and facilitate integrated delivery of partner services at the client level by providing frequently used information about STDs, HIV, TB, and hepatitis in one convenient resource.

## 2012 National STD Prevention Conference

Our [National STD Prevention Conference](#) is approaching quickly! The theme is "STD Prevention Innovation: Solutions in an Era of Change", we hope you will join us in Minneapolis March 12–15, 2012 to learn about:

- The emergence of new opportunities for collaboration between STD programs and providers and other federal, state, and local partners;
- Changes in the configuration and operation of health systems; and the impact of these changes on healthcare delivery in general, and STD preventive services delivery specifically;
- Increasing uptake of health information technology, including

electronic health records, and its potential for impact on surveillance activities;

- Expansion of covered services, including key preventive services, and the increase in the number of individuals eligible for or covered by a public or private health insurance plan;
- Evolving research priorities designed to identify and disseminate the most effective interventions;
- A recrafting of the role and importance of the safety net;
- New opportunities for increased intervention and program integration at the structural, policy, and community levels; and
- New opportunities for a more holistic approach to health and wellness, including sexual health, and combined intervention approaches to maximize population impact.

Visit <http://www.cdc.gov/stdconference/default.htm> or contact Penny Loosier, Conference Coordinator, and Brenda Kelley, Assistant Conference Coordinator, at [STDConf@cdc.gov](mailto:STDConf@cdc.gov) for complete information.

## DSTDP Realignment

Several new staff recently joined DSTDP.

**John Glasser** – Mathematical Epidemiologist – Projects include a number of modeling projects related to STD transmission and prevention.

**Rachel Gorwitz** – Medical Officer – Projects include evaluating EPT, a case-control study of chlamydia and infertility, and conducting analysis related to women's attitudes and concerns surrounding chlamydia screening.

**Brooke E. Hoots, Ph.D., M.S.P.H.** – EIS Officer – Recently finished her Ph.D. in epidemiology, with a focus on infectious diseases, at the University of North Carolina at Chapel Hill.

**Alison Howard** – Executive Assistant to DSTDP Director Gail Bolan – Previously served as Property Accountability Officer and Senior Records Liaison in the Office of Surveillance, Epidemiology, and Laboratory Services.

**Camille E. Introcaso, M.D.** – EIS Officer – A dermatologist with a particular clinical interest in STIs, HIV related-dermatoses, teledermatology, and global health.

**Sarah Kidd** – Medical Epidemiologist – Projects include leading U.S. gonorrhea case reporting and prevalence monitoring activities, and evaluating national surveillance efforts.

**Jennifer Ludovic** – Lead of the Policy Team. Previously served as a policy advisor in the Division of Laboratory Sciences in the National Center for Environmental Science.

**Rachel Powell** – Lead of the Communication Team. Previously served as the senior-level media officer with the NCHHSTP News Media Team.

**Kimberly Stafford** – Deputy Director (Acting) – Previously served as the Program Management Official in the National Center for Immunization and Respiratory Diseases.

**Mark R. Stenger** – Epidemiologist – Co-Project Officer for the STD Surveillance Network (SSuN)

# States, Tribes, Locals, and Territories News

## Los Angeles

Los Angeles County Department of Public Health's [Second Supervisorial District](#) recently unveiled its efforts to enhance the "I know" Program, an STD home testing program focusing on women at risk for chlamydia and gonorrhea. STD rates in the Second Supervisorial District are the highest in the County, with hot spots centered in South Los Angeles, and Los Angeles County. These areas have the highest number of chlamydia cases and the second-highest number of gonorrhea cases of any county in the nation.

Enhancements to the "I know" Program:

- Home testing kits are now widely available for use with new digital tablets and touch-screen kiosks. Kiosks will be available at selected venues within the Second District.
- Women who use the kiosks or digital tablets to order a home testing kit will be able to receive the kit immediately, without waiting for it to arrive by mail.
- Trained outreach workers will also have digital tablets to use with clients. Both kiosks and tablets will provide secure access to the program's website.
- Women throughout the county will continue to be able to order kits from [www.DontThinkKnow.org](http://www.DontThinkKnow.org), or by calling the county STD program's toll-free hotline number, 1-800-758-0880 to have test kits sent to them by mail.

All "I know" materials and the website are available in both English and Spanish versions. There is no cost to use the home testing program. Click [here](#) for more information.

Contact: Peter R. Kerndt ([pkerndt@ph.lacounty.gov](mailto:pkerndt@ph.lacounty.gov))



## New York

### Reporting of Syphilis Serologies is Now Required

New York City's Department of Health and Mental Hygiene recently incorporated into the New York City health code the [reporting of syphilis serologies](#). If any sequence of serologic testing is done, and any one test within the sequence is positive, then the entire series of test results must be reported. This allows the Department of Health and Mental Hygiene to better deal with syphilis IgG reactors in a timely manner.

Contact: Sue Blank ([sblank@health.nyc.gov](mailto:sblank@health.nyc.gov))

## San Francisco

### 2010 San Francisco Sexually Transmitted Disease Annual Summary

The [2010 San Francisco Sexually Transmitted Disease Annual Summary](#) has been completed and is now ready for viewing. The summary describes STDs by race, age, gender, sexual orientation, disease, and neighborhood. The summary shows increases in all three reportable bacterial STDs — chlamydia, gonorrhea, and syphilis. Compared with 2009, the rate of chlamydia increased by 9.9% in 2010. During the same period gonorrhea increased by 8.6% and early syphilis increased 26.4%. The STD Prevention and Control Services Section continues to prioritize activities directed toward preventing STDs and HIV in the highest risk populations in the city, adolescents and MSM.

### Community-based STD/HIV Screening

Beginning in September 2011 the STD Prevention and Control Services Section reinstated monthly community-based STD screening in venues frequented by MSM, such as gyms, bars, and sex clubs. In addition to offering screening for syphilis and rectal and pharyngeal gonorrhea and chlamydia, the STD Prevention and Control Services Section is now ensuring HIV screening at these events.

### Annual STD Update

On October 31, 2011, the STD Prevention and Control Services Section presented their 2011 STD Update for nearly 150 participants. Along with presentations on syphilis, the update included information on local disease trends and a review of recent changes to gonorrhea treatment guidelines due to increasing microbial resistance. The update also included information about treatment and management of STDs in adolescents. The STD Update is intended for clinicians, nurses, health workers, and other staff involved with the clinical care of patients with STDs. Registration is free and participants are able to earn up to 3.5 CME/CEU credits.

## States, Tribes, Locals, and Territories News (cont.)

Participants also received their own copy of the new 2011 San Francisco City Clinic STD Clinical Protocols. Protocol highlights include revised treatment guidelines for gonorrhea and urinary tract infections, a new section on HPV prevention and screening, and revisions to MPC, LGV, and syphilis to reflect local epidemiology and the 2010 CDC STD Treatment Guidelines. The Protocols are available at: <http://www.sfcityclinic.org> (click on “For Providers” on the left side of the home page; then look in “General STD Management Guidelines”).

Contact: Wendy Wolf ([wendy.wolf@sfdph.org](mailto:wendy.wolf@sfdph.org))

### **New Tool to Assess Sexual Health of MSM in San Francisco**

The STD Prevention and Control Services Section has developed its first Annual MSM STD Surveillance Supplement, which includes graphs, charts, and maps that review data from reportable STDs among MSM throughout San Francisco, as well as data collected on MSM at City Clinic, the city’s STD Clinic. In 2010 chlamydia and gonorrhea among MSM in San Francisco were 2,343 per 100,000 MSM and 2,011 per 100,000 MSM respectively. The early syphilis rate for MSM in San Francisco in 2010 was 925 per 100,000 MSM. In 2010, the likelihood that an MSM in San Francisco would become infected with chlamydia, gonorrhea and/or early syphilis was 7.6, 18.2, and 74.5 times higher respectively than a heterosexual male. In San Francisco MSM are disproportionately affected by STDs. This Supplement is a new tool that will enable the STD Section, as well as its community partners, to assess the sexual health of MSM in the city and identify effective interventions to reduce transmission and acquisition of STDs. The STD Prevention and Control Services Section continues to recommend that sexually active MSM be screened for sexually-transmitted diseases and HIV every 3–6 months. A similar Supplement addressing adolescent sexual health will debut this summer. The Annual MSM STD Surveillance Supplement can be found at <http://www.sfcityclinic.org/providers#Surveillance>.

More information about the STD Prevention and Control Services Section can be found at <http://www.sfcityclinic.org>

Contact: Kyle Bernstein ([kyle.bernstein@sfdph.org](mailto:kyle.bernstein@sfdph.org))

### **Spokane**

#### **STD Text and Email Notification Program**

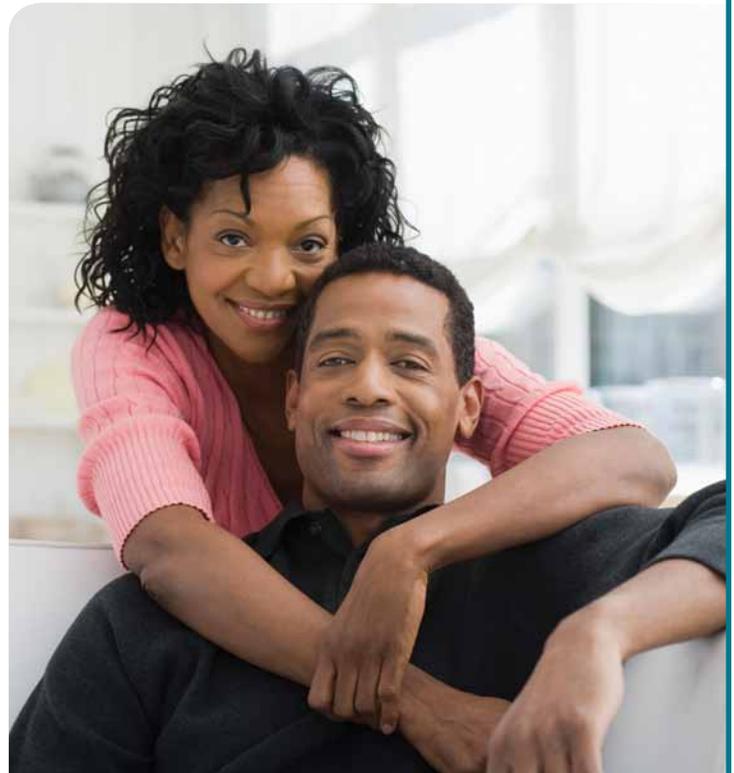
Spokane Regional Health District in Spokane, Washington, developed an STD text and email messaging system to notify patients diagnosed with chlamydia, gonorrhea, and/or syphilis and their potentially-infected sex partners. This pilot program was formally launched in April 2011.

Disease intervention specialists (DIS) conduct case investigations with persons diagnosed with chlamydia, gonorrhea, and/or syphilis to elicit sex partner information for disease intervention purposes. If the DIS cannot contact the patient or partner via traditional methods, the DIS sends a text message asking them to call the health district to discuss an important health matter. The DIS then provides confidential partner notification services to link potentially infected clients to testing and treatment. Each message contains a unique code with which the recipient can confirm that they are the intended recipient of the message. When the patient or a partner calls the DIS, the DIS can link the partner to health outcomes.

Over 200 texts and emails have been sent since April 2011. Approximately 29.4% of those contacted electronically have responded. Advantages to text and email messaging for purposes of STD prevention include the availability of a lower-cost tool for locating original patients and their partners compared to mailing letters and conducting field visits, and a method for third party partner notification that allows for more timely disease intervention.

Spokane’s Social Media Use policy is available in NACCHO’s Toolbox: <http://naccho.org/toolbox/tool.cfm?id=2562>

Contact: Alexandra Hayes ([ahayes@spokanecounty.org](mailto:ahayes@spokanecounty.org))

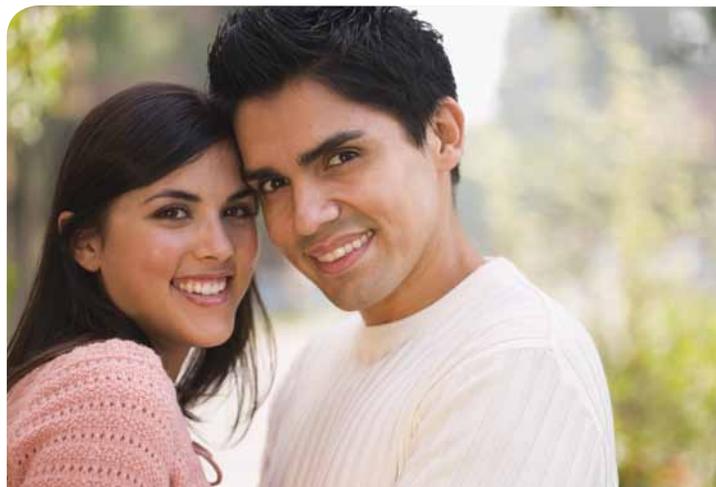


## Around the Globe

- The [Pan American Health Organization](#) (PAHO) has released the “[2010 Situation Analysis- Elimination of MTCT of HIV and Congenital Syphilis in the Americas.](#)” It is a summary of the current status of progress in the region, ongoing gaps and challenges, and recommendations for future actions to achieve dual elimination goals.
- The most recent data on the syphilis seroprevalence in pregnant women and syphilis testing coverage is available in the recently released WHO/UNAIDS/UNICEF report titled, “Global HIV/AIDS Response—Epidemic update and health sector progress towards Universal Access—Progress Report 2011.” The related pages of this report are available on the [WHO Elimination of Congenital Syphilis](#) webpages.
- WHO has finalized a surveillance and monitoring tool to assist public health practitioners at the global, regional, or national level on the core indicators for elimination of congenital syphilis (ECS) which are harmonized with and can be integrated into existing data collection systems. Translation into French is also planned for early 2012. Visit <http://www.who.int/reproductivehealth/topics/rtis/syphilis/en/index.html> for more information.

- The [WHO Bulletin](#) recently published a paper by Li-Gang Yang, Joseph D Tucker, Cheng Wang, Song-Ying Shen, Xiang-Sheng Chen, Bin Yang and Rosanna Peeling titled, “[Syphilis test availability and uptake at medical facilities in Southern China](#)” which reviews the syphilis testing capacity, screening coverage rates, and types of syphilis tests used in medical facilities in southern China.

Updates and much more can be found at the WHO ECS webpage at: <http://www.who.int/reproductivehealth/topics/rtis/syphilis/en/index.html>.



## Steps to Health Equity

### CDC Creating HIV/STI Curriculum for African-American Males at HBCUs

Studies among historically black college and university (HBCU) students show many students practicing behaviors associated with potential to transmit HIV and STIs (if infected) and recent surveillance data on HIV infection and other STIs among young adults in the U.S. show disproportionate impact among African Americans. CDC’s NCHHSTP, in partnership with LTG Associates, has begun to develop STI and HIV Prevention interventions targeting heterosexually-identified African American males enrolled in HBCUs.

The long-term goal of the intervention is to reduce behaviors that place individuals at high risk for HIV and STI infection, reduce incidence of HIV and STIs among heterosexually-identified men and women on targeted HBCU campuses, and increase use of campus-based health and mental health services to foster healthy intimate relationships among

heterosexually-identified students. A culturally competent intervention for such men has the potential to diminish these negative effects and promote healthy sexual relationships. It also has the potential to enhance equitable male-female relationships and reduce intimate partner violence.

Finally, because of the historic mission of HBCUs, this intervention can foster constructive leadership in African American communities and the U.S. on sexual health and its impact in long-term relationships. A technical expert panel with key stakeholders was held in October 2011 to discuss curriculum components and elements, including, masculinity, self-image, equity in relationships, HIV and STI risk reduction and related sexual health, and an intervention already developed for young African American women. Campus and local community academic, social, and/or recreational groups will be engaged in staging the intervention, recruiting participants, promoting the events, and assisting with evaluation.

# DSTDP Publications

Gail A. Bolan, M.D., P. Frederick Sparling, M.D., and Judith N. Wasserheit, M.D., M.P.H. The Emerging Threat of Untreatable Gonococcal Infection. *New England Journal Medicine* 2012. February 9;366:485–487

Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males — Advisory Committee on Immunization Practices (ACIP), 2011 – *MMWR* December 23, 2011

Contact: Lauri Markowitz – [lem2@cdc.gov](mailto:lem2@cdc.gov)

Su JR, Beltrami JF, Zaidi AA, Weinstock HS. Primary and Secondary Syphilis Among Black and Hispanic Men Who Have Sex With Men: Case Report Data From 27 States. *Annals of Internal Medicine*. August 2011;155(3):145–151

Contact: John Su – [ezu2@cdc.gov](mailto:ezu2@cdc.gov)

## Looking Ahead

**2012 National STD Prevention Conference**  
**March 12–15**

<http://www.cdc.gov/stdconference/>



**2012**  
NATIONAL  
STD PREVENTION  
CONFERENCE

## **2012 STD Awareness Month – April**

<http://www.cdcnpin.org/stdawareness/Home.aspx>

