



June, 2009

Dear Syphilis Elimination Coordinators:

It's hard to believe we are halfway through another year! Best wishes from your SEE Coordination Team to each of you for a great season. As with all of the quarterly Dear SEE Coordinators Letter, we hope you will find these updates and resources helpful for your syphilis elimination and STD prevention activities.

IOWA Electronic Health Prediction Markets – The Syphilis Market



We are excited to announce a new and innovative project from CDC and the Iowa Electronic Health Market (IEHM)! Through the Syphilis Prediction Market, participants can help provide real-time estimates of future syphilis activity and trends. Participants will use their state and local information about syphilis activity and risk factors to make predictions about syphilis trends. These markets collect and average the predictions made by all participants to help inform prevention and supplement current STD surveillance and control efforts.

How It Works. Market participants use available information about syphilis cases, risk factors, and activities to make market predictions. Often this information is available to participants even before it is reported to and analyzed at the national level. Participants can bid-up the prices if they think more syphilis cases will occur, and bid them down if they think fewer cases will occur. Participants are able to collect information from the market as they are inputting their own predictions, and the markets are continuous, allowing for the updating of predictions as new information arises. Prices on each contract provide an advance signal of what participants believe about the event's likely outcome. The interactive Prediction Markets provide an incentive to get the answer right. After enrollment, participants receive an account with trading credits valued at \$100.00. This credit balance grows or shrinks depending on the accuracy of the participant's predictions. At the end of each market cycle, each participant is offered the balance in their account in the form of an educational grant (e.g., for purchase of books, journal subscriptions, conference fees, etc.).

How You Join. You can sign up today! The market managers are currently recruiting public health officials, physicians, nurses, epidemiologists, microbiologists, and other individuals with access to information about syphilis activity—so as Syphilis Elimination Coordinators we especially seek your participation in this project. Simply go to: <http://iehm.uiowa.edu/iehm/index.html> and click on the “Join the Markets” button. Then complete the application and select the syphilis markets. For more information, please contact [Tom Peterman](#) or [Fred Bloom](#).

The National Campaign to Eliminate Syphilis from the United States: “The Way Forward”

The SEE Implementation and Monitoring Group (IMG), in consultation with senior Division of STD Prevention staff, are examining the progress made under the 2006 *National Plan to Eliminate Syphilis from the United States*. While there is early consensus to keep the current plan given the current fiscal challenges at the federal, state, and local levels, a more focused approach with a limited number of core activities is warranted. Areas of emphasis to date include developing guidance on essential syphilis prevention and control activities (e.g., partner services, including Internet partner services, provider awareness and mobilization, supporting quality laboratory services, and promoting community interventions). The anticipated guidance document will remain grounded in the 2006 plan, but it will be further informed by lessons learned from SE efforts thus far. Valuable external input the development of the guidance will be invited and facilitated through: “webinars”, document reviews, and a consultation meeting. The updated guidance is scheduled to be completed and introduced 2010 National STD Prevention Conference.

CDC-Developed Resources & Updates

[2010 National STD Prevention Conference](#)

The conference will be held March 8-11 in Atlanta, GA. The [Call for Abstracts](#) welcomes submissions that focus on critical issues in STD prevention and related fields by September 21, 2009.

[Syphilis Surveillance Report](#)

This report contains both national and state syphilis data for 2007.

[Act Against AIDS](#)

CDC launched a new national domestic campaign for HIV/AIDS that aims to contribute to reducing HIV incidence in the United States. *Act Against AIDS* is being planned and released in phases, and each phase, with its own unique objectives and target audiences, will utilize mass media and direct-to-consumer communication channels to deliver important HIV prevention messages in a manner designed to be compelling, credible, and relevant. In addition, there is a [new website for consumers and prevention partners](#) that contains web-based tools that health departments can use as part of their online and community-based prevention efforts.

Recent MMWR Publications

[Testing for Rectal and Pharyngeal Neisseria gonorrhoeae and Chlamydia trachomatis Infections by Gay-Focused Community-Based Organizations — 5 U.S. Cities, 2007](#) (July 10, 2009 / 58(26);716-719)

To determine sexually transmitted disease (STD) testing practices among community-based organizations serving MSM, CDC and the San Francisco Department of Public Health gathered data on rectal and pharyngeal gonorrhea and chlamydia testing at screening sites managed by six gay-focused community-based organizations in five U.S. cities during 2007. This report summarizes the results of the study, which found that three organizations collected samples for NAA testing and three for culture. In total, approximately 30,000 tests were performed; 5.4% of rectal gonorrhea, 8.9% of rectal chlamydia, 5.3% of pharyngeal gonorrhea, and 1.6% of pharyngeal chlamydia tests were positive. These results demonstrate that gay-focused community-based organizations can detect large numbers of gonorrhea and chlamydia cases and might reach MSM not being tested elsewhere. The corresponding [Dear Colleagues Letter](#) is to call your attention to the report and the implication for gonorrhea (GC) and chlamydia (CT) control among men who have sex with men (MSM).

[Primary and Secondary Syphilis --- Jefferson County, Alabama, 2002--2007](#) (May 8, 2009 / 58(17);463-467) - In June 2006, the Alabama Department of Public Health (ADPH) requested assistance from CDC to investigate and control a multiyear epidemic of syphilis in Jefferson County. The report describes a substantial increase in primary and secondary (P&S) syphilis occurring predominantly among women and heterosexual men in Jefferson County from 2002 through 2007. The report also indicates that rates of syphilis among women have been increasing across the South. The corresponding [Dear Colleagues Letter](#) calls attention to these data and their implications for syphilis control.

[Chlamydia Screening Among Sexually Active Young Female Enrollees of Health Plans --- United States, 2000--2007](#) (April 17, 2009 / 58(14);362-365) - To evaluate the rates of chlamydia screening among sexually active young females, CDC analyzed data reported by commercial and Medicaid health plans to the Healthcare Effectiveness Data and Information Set (HEDIS) during 2000–2007. Nationally, the annual screening rate increased from 25.3% in 2000 to 43.6% in 2006, and then decreased slightly to 41.6% in 2007. The regional rate of chlamydia screening in 2007 was highest in the Northeast (45.5%) and lowest in the South (37.3%). Increased screening by health-care providers is necessary to reduce the burden of chlamydial infection in the United States.

Additional Resources

[STD Collaboration between Public Health and Private Care](#)

This new, public group on STD Prevention Online was created to link local and state health departments in collaboration with CDC to primary care providers.

[Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers](#)

The [Partnership for Prevention](#) and the [National Chlamydia Coalition](#) created this guide on how to integrate chlamydia screening into clinical practice. This resource offers the latest information and tools for healthcare providers to improve delivery of chlamydia screening services to patients, make chlamydia screening a routine part of a medical practice, provide confidential care to adolescents, and take a sexual history.

As always, should you have any further questions or suggestions we are eager to hear from you. Please contact Jo Valentine directly at (404) 639-8366 or via e-mail at jvalentine@cdc.gov.

The CDC Syphilis Elimination Effort Coordinating Team

