

Infertility Prevention Project Regions IV and VI

Atlanta, Georgia

May 5-6, 2011

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Program and Training Branch



Topics

National Infertility Prevention Project

- ❑ CSPS 2011 and 2012**
- ❑ DSTDP Update**
- ❑ Health Care Reform**
- ❑ Gonorrhea**
- ❑ STD Treatment Guidelines**

CSPS 2011

□ 2011

- @2010 levels -70/30 Awards
- Additional Funds -1.546 million dollars in FY 2010
 - \$118K National Chlamydia Coalition
 - \$190K Infrastructure Shortfall
 - \$500K “The Future of IPP”
 - \$730K Supplemental IPP Project Area Funds
 - **Expansion** of CT/GC screening and treatment services

CSPS 2012

□ 2012

- @2010 levels
- Application Due August 2, 2011
- Streamlined Application
 - All requirements from FOA 09-902 remain in force
 - Title X grantee Letter(s)
 - 3% Chlamydia Positivity
 - Targeted Gonorrhea Plans with Burden Calculation
 - Progress on General IPP Objectives
- Additional Guidance
 - National Conference
 - Regional IPP Meetings
 - IPP Program Plans

GC Burden Calculation - Example

□ Project Area X

- Total IPP Funds = \$500,000
- Among women 25 and younger [ALL]
 - 500 Gonorrhoea and 10,000 Chlamydia
 - GC Burden = $[500/(10000+500)] \times 100 = 4.76\%$
- IPP Funds to be used
 - $\$500,000 \times 4.76\% = \$23,800$
 - @ \$10/test = 2380 tests available for targeting

DSTDP Update

❑ Personnel Changes

❑ Current Activities

- PCSI
- Data Security and Confidentiality Guidelines
- Antibiotic-resistant Gonorrhea Outbreak response plan

❑ Publications

- STD Treatment Guidelines
 - <http://www.cdc.gov/std/treatment/2010/default.htm>
- STD Laboratory Guidelines/Meeting Report
 - <http://www.aphl.org/aphlprograms/infectious/std/Documents/CTGCLabGuidelinesMeetingReport.pdf>
- STD 2009 Surveillance Report
 - <http://www.cdc.gov/std/stats09/default.htm>

Health Care Reform



Health Care Reform

❑ Key Issues

- Affordable Care Act and Performance Improvement
- National HIV/AIDS Strategy
- Agency Winnable Battles (HIV, Teen Pregnancy Prevention)

❑ “The Future of IPP”

- An Infrastructure-driven Evaluation
 - IPP in the Project Areas
 - Environmental Scan
 - Recommendations for the Future

“The Future of STD Prevention” 2012 and Beyond

☐ Assurance

- Functioning Surveillance Systems
- Local Epidemiology Support
- PCSI

☐ Policy Development

- Plan Programs using Data- all sorts of data

☐ Assessment and Accountability

- Monitoring
- Evaluation



DRIP, DRIP, DRIP.....

Headlines you will never see.....

Bono Responds to Gonorrhoea Outbreak



***George Clooney
accepts the
Bob Hope
Humanitarian Award
for raising Awareness
of Gonococcal
Antimicrobial
Resistance***



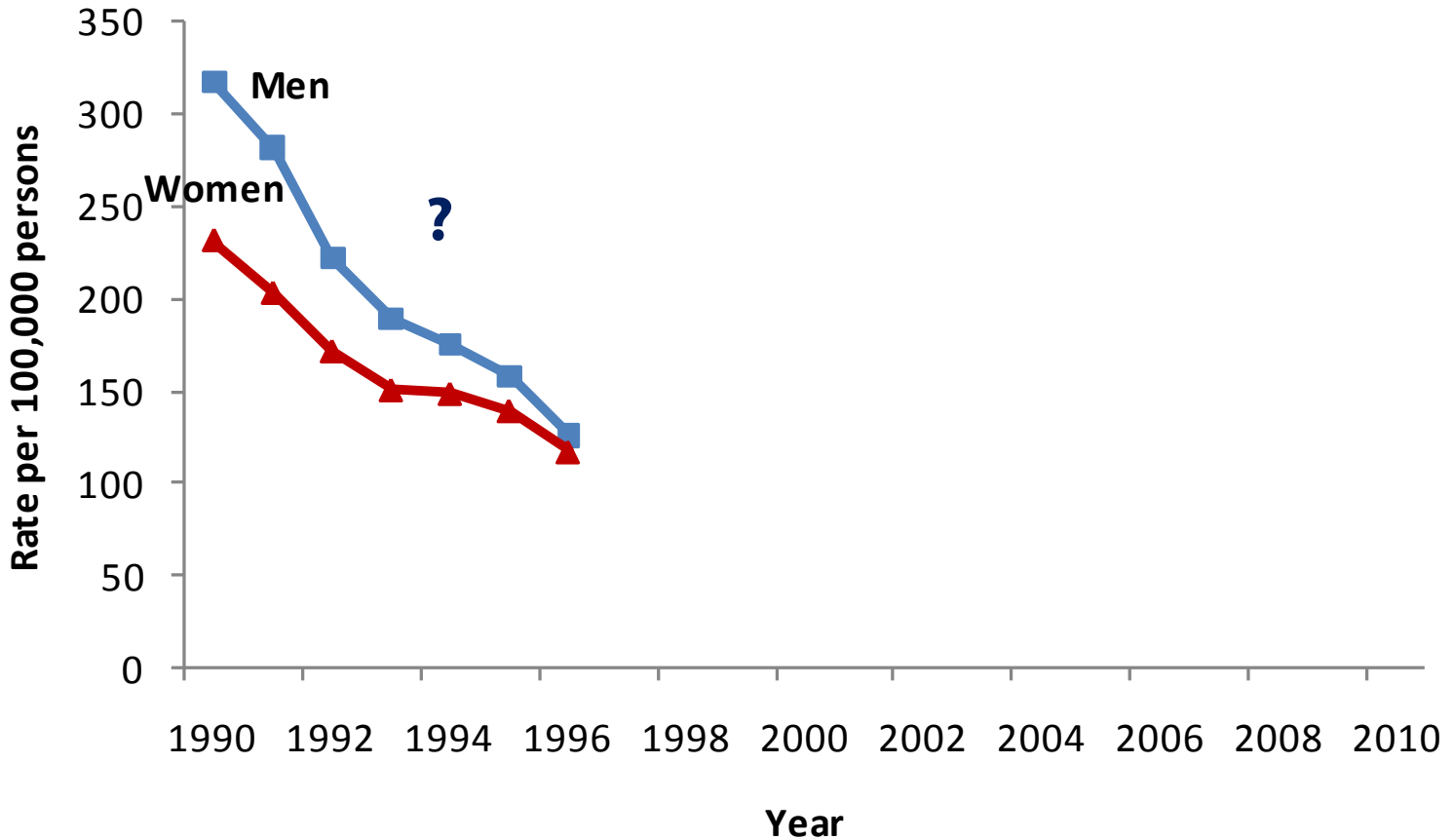
***President Obama signs the Gonorrhea
Elimination Bill***



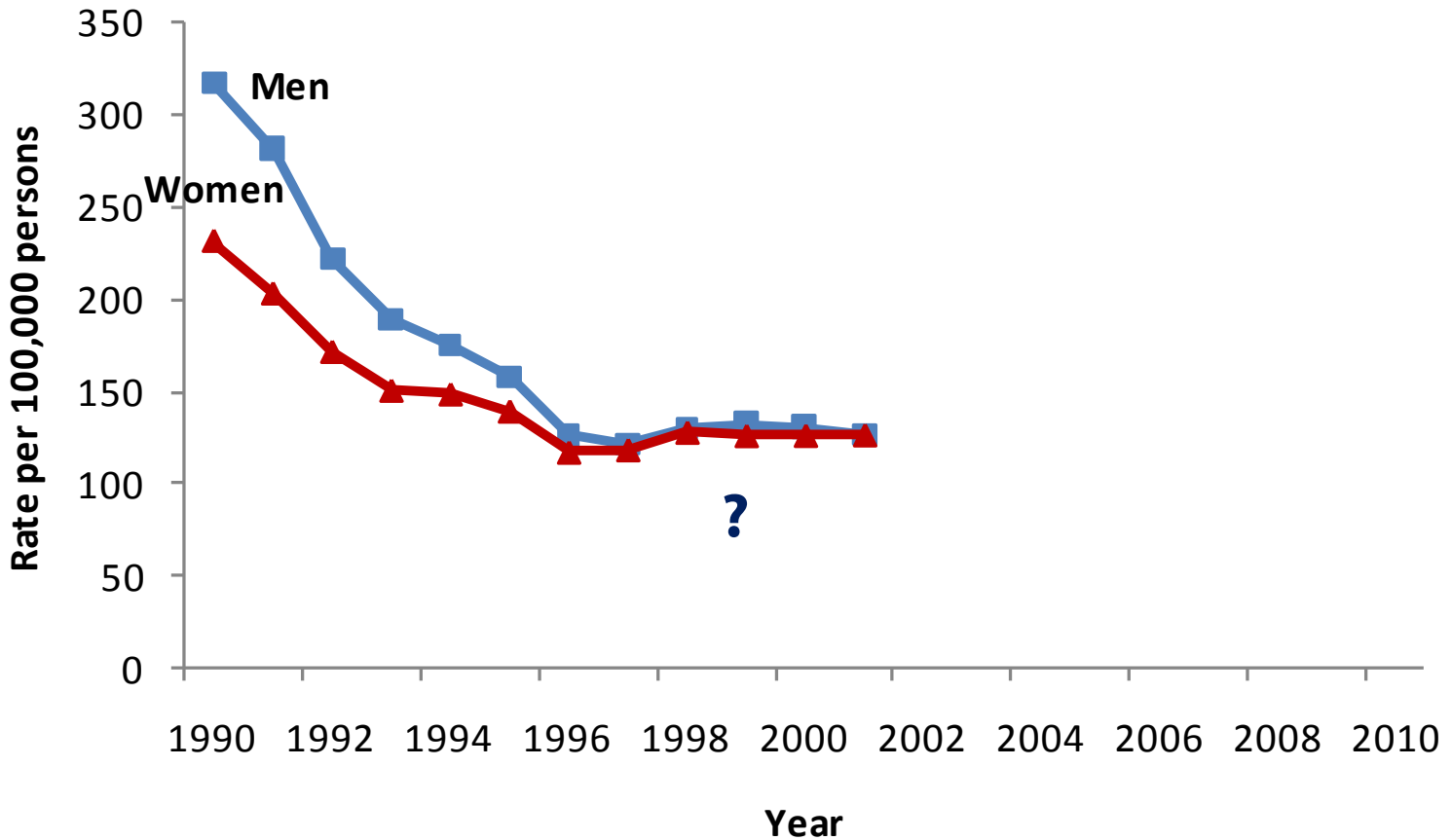
IS GONORRHEA DECREASING?

NETSS DATA

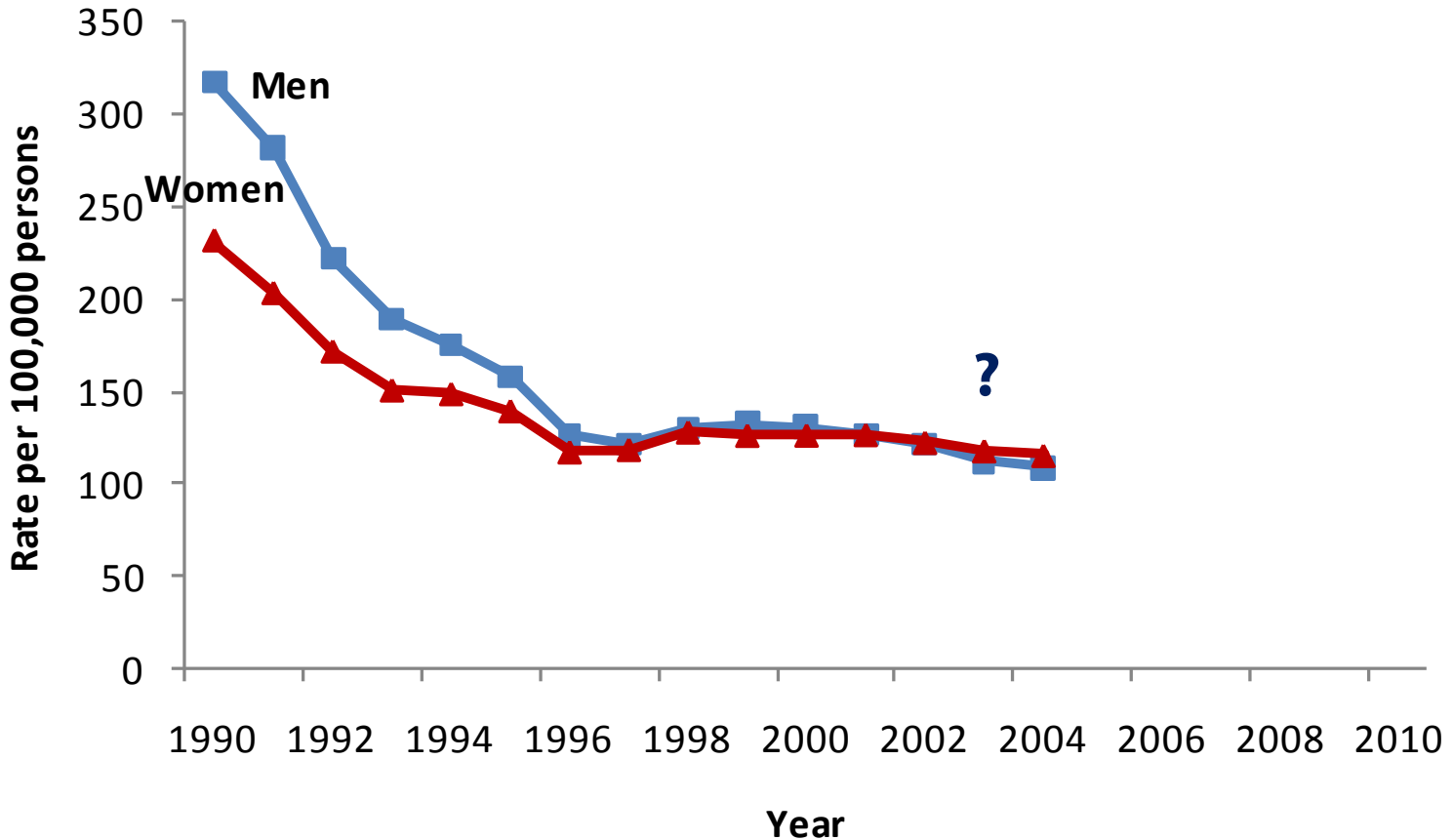
Gonorrhea case rates by sex, 1990–1996



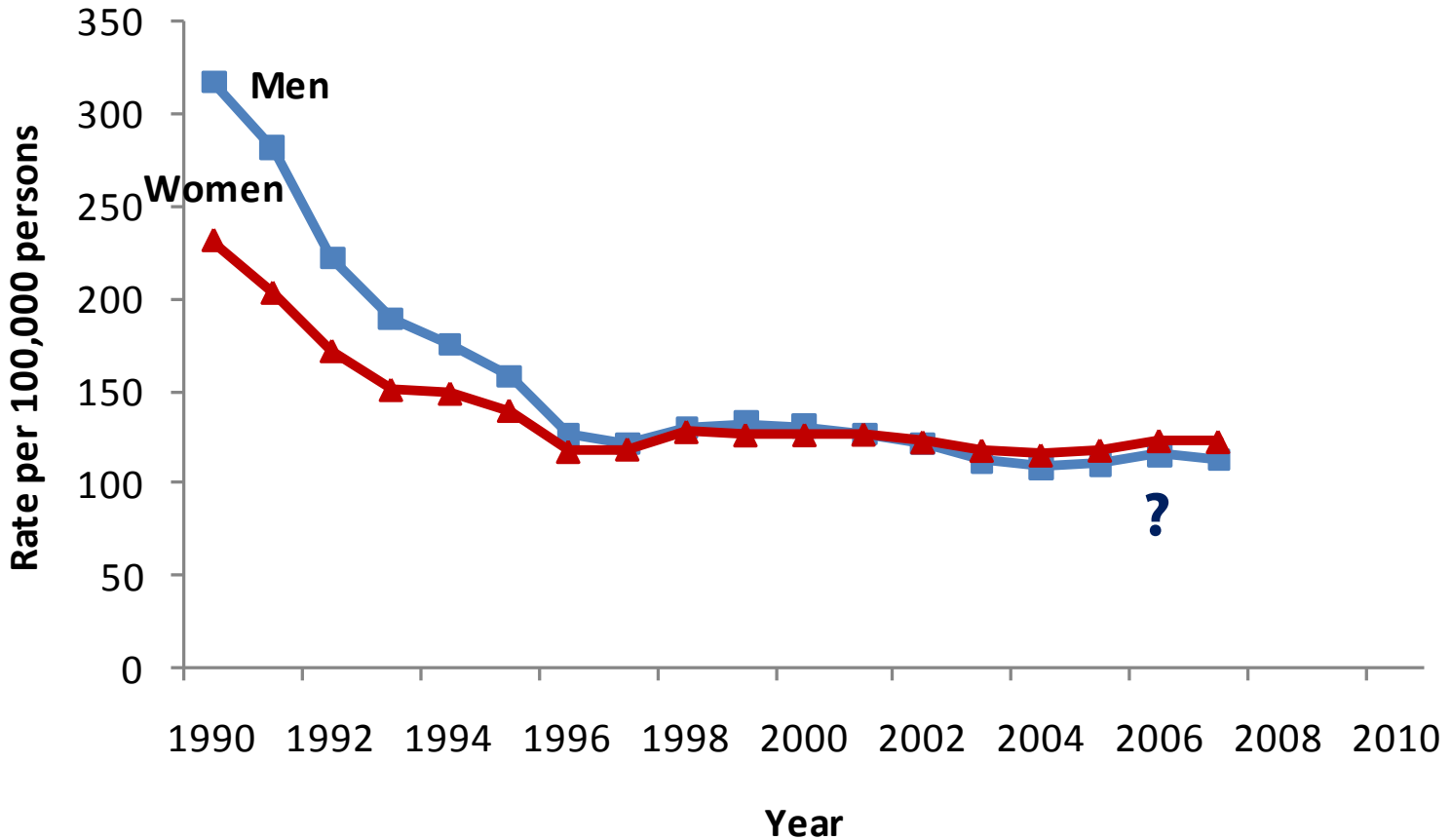
Gonorrhea case rates by sex, 1990–2001



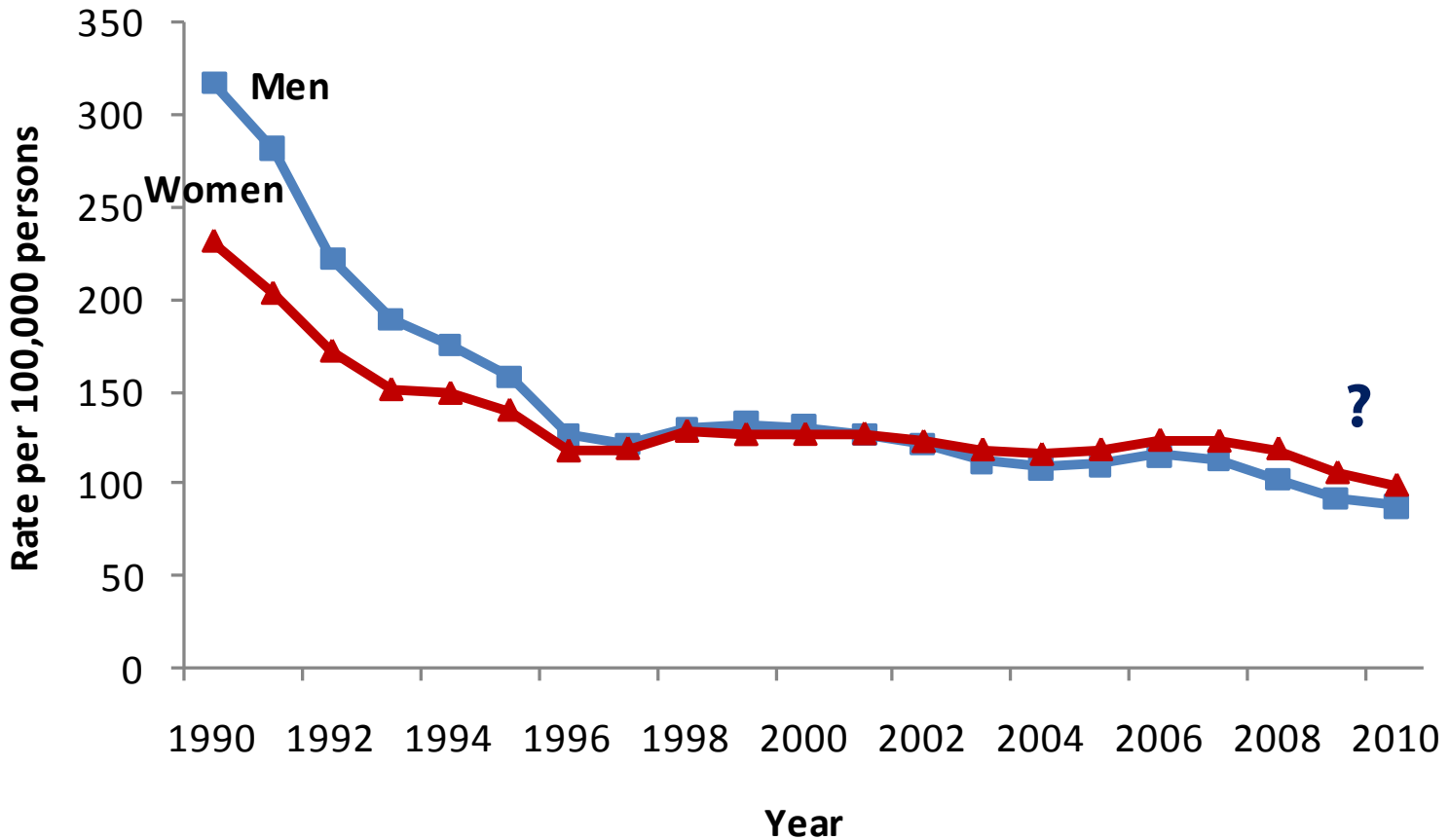
Gonorrhea case rates by sex, 1990–2004



Gonorrhea case rates by sex, 1990–2007

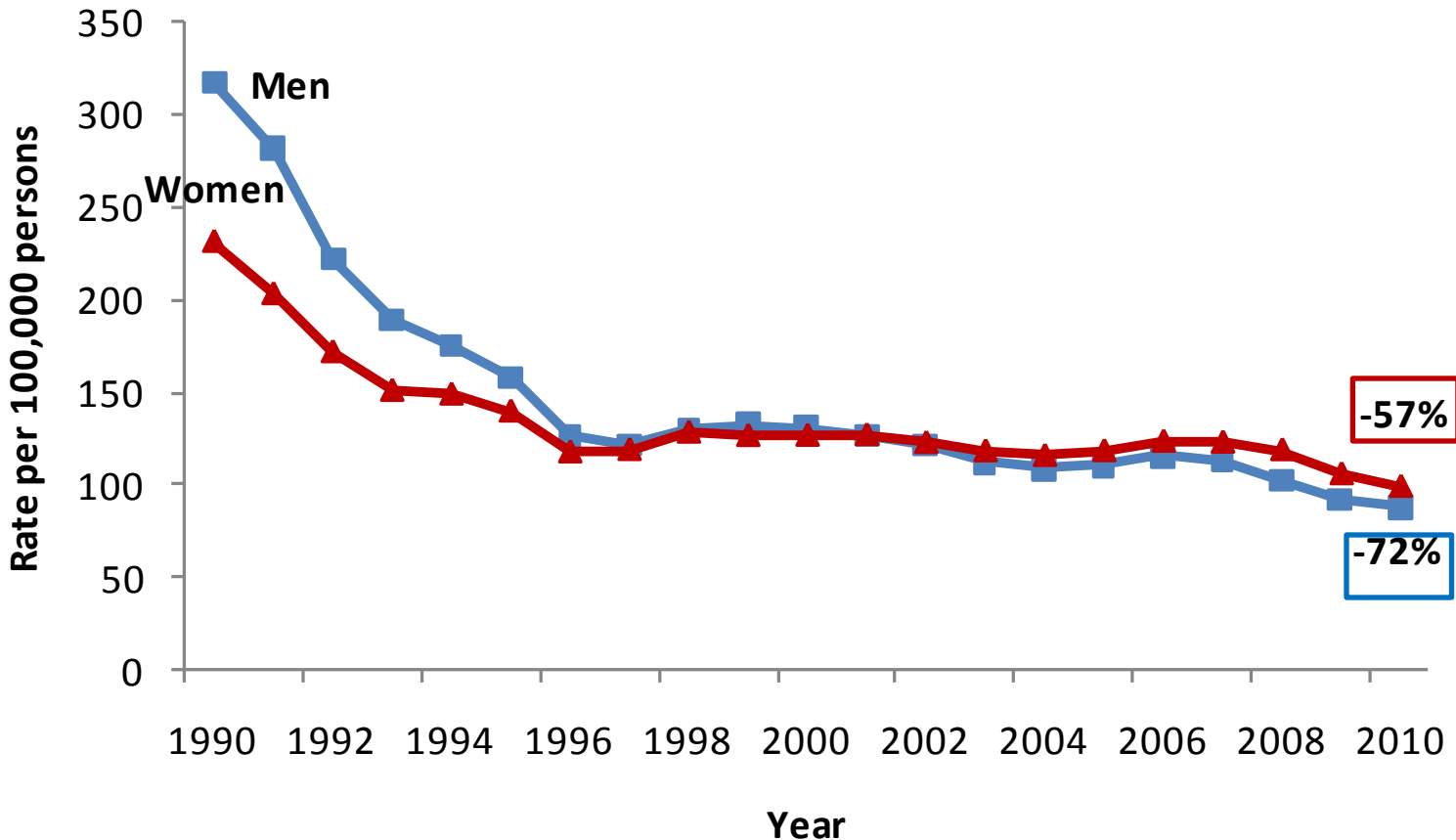


Gonorrhea case rates by sex, 1990–2010*



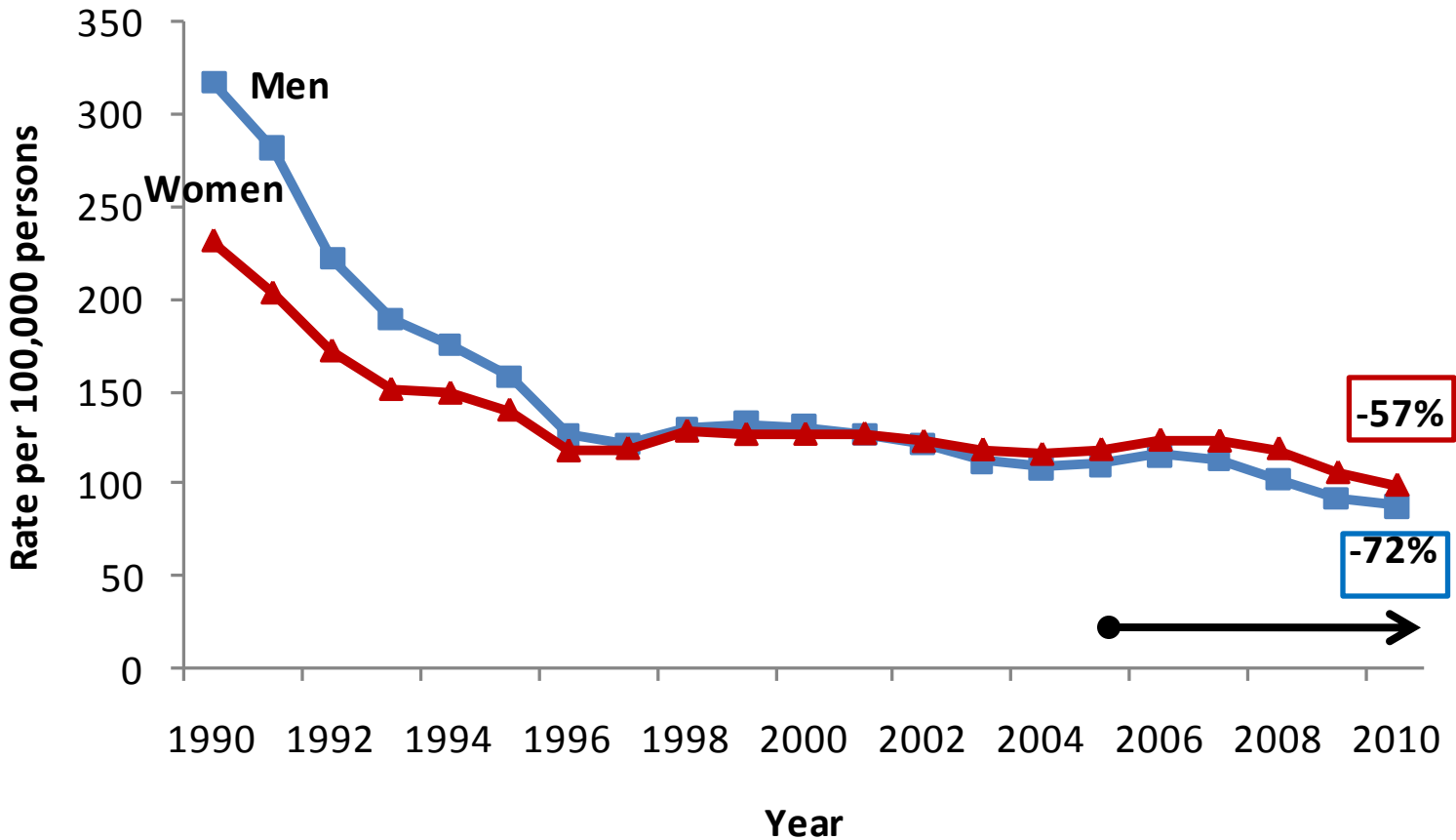
* 2010 data are preliminary.

Gonorrhea case rates by sex, 1990–2010*



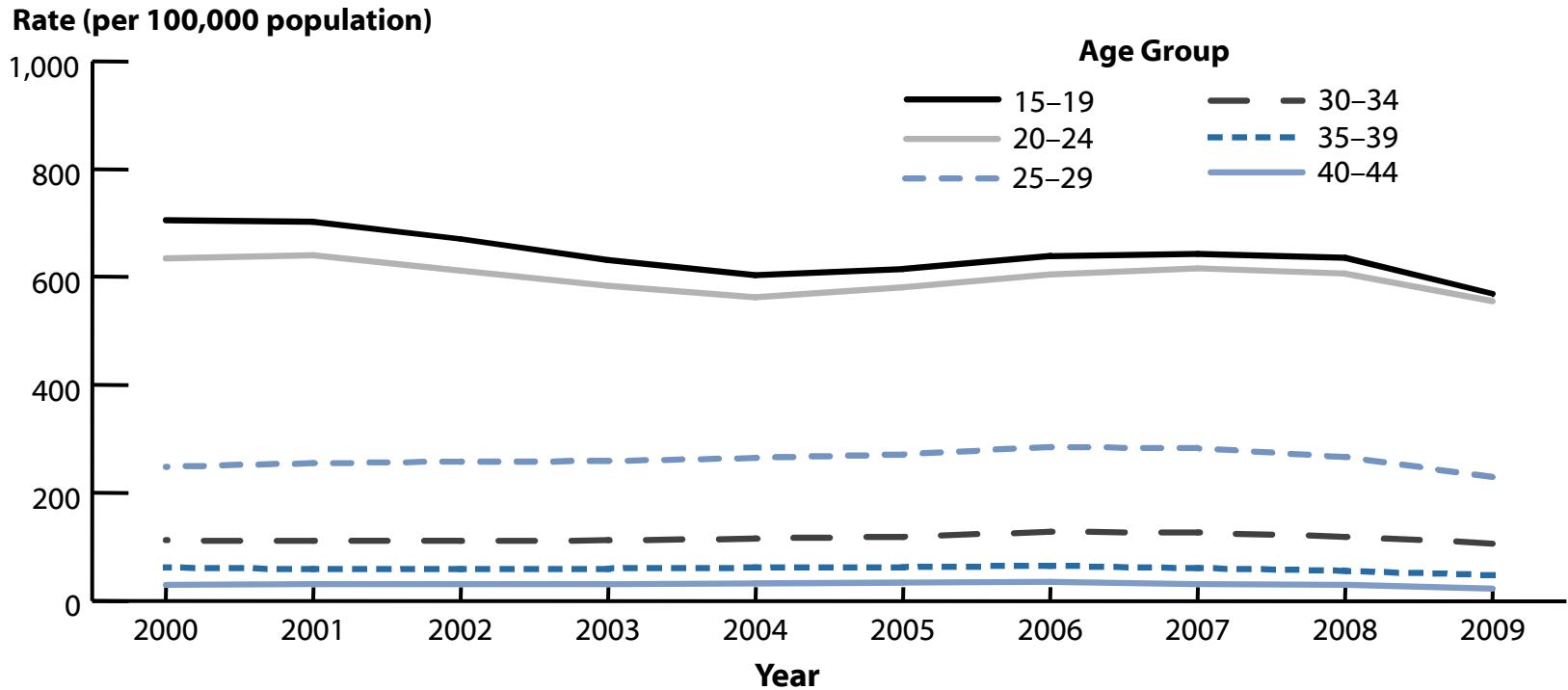
* 2010 data are preliminary.

Gonorrhea case rates by sex, 1990–2010*



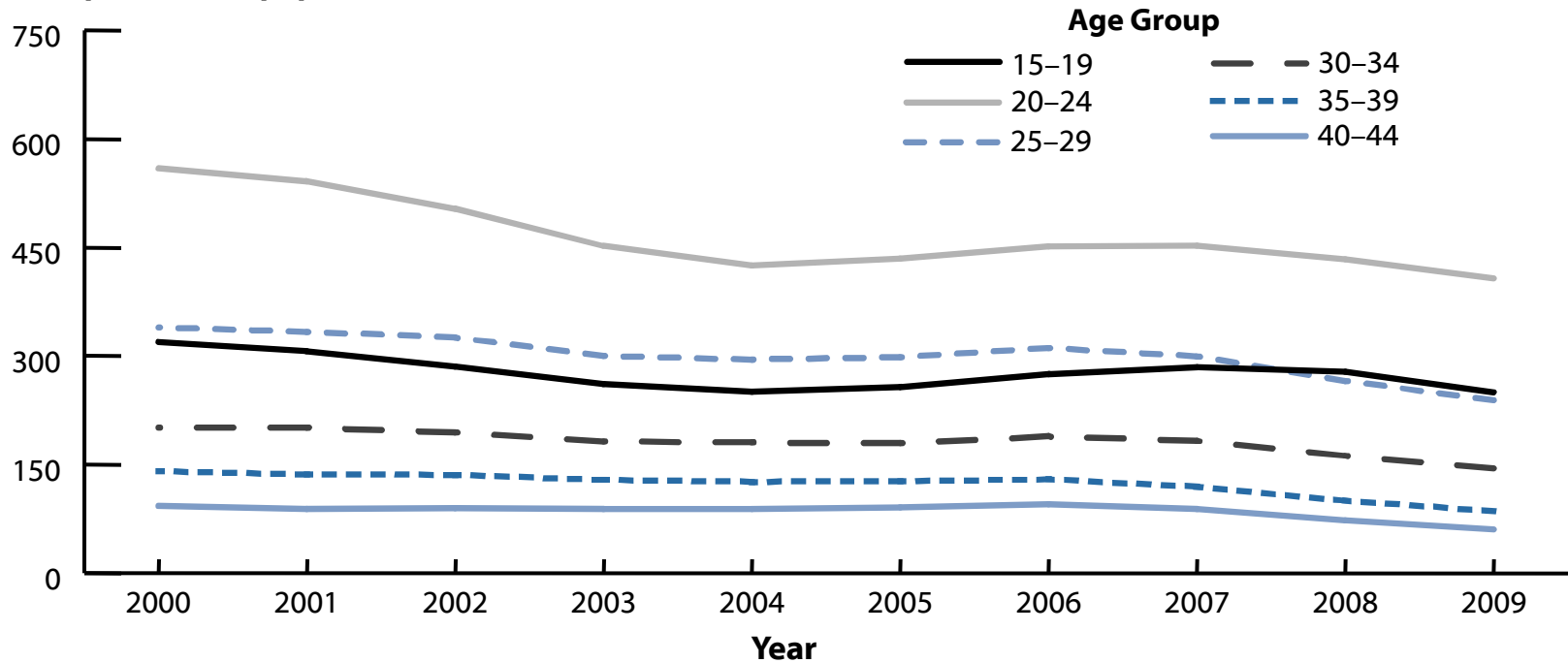
* 2010 data are preliminary.

Gonorrhea—Rates by Age Among Women Aged 15–44 Years, United States, 2000–2009



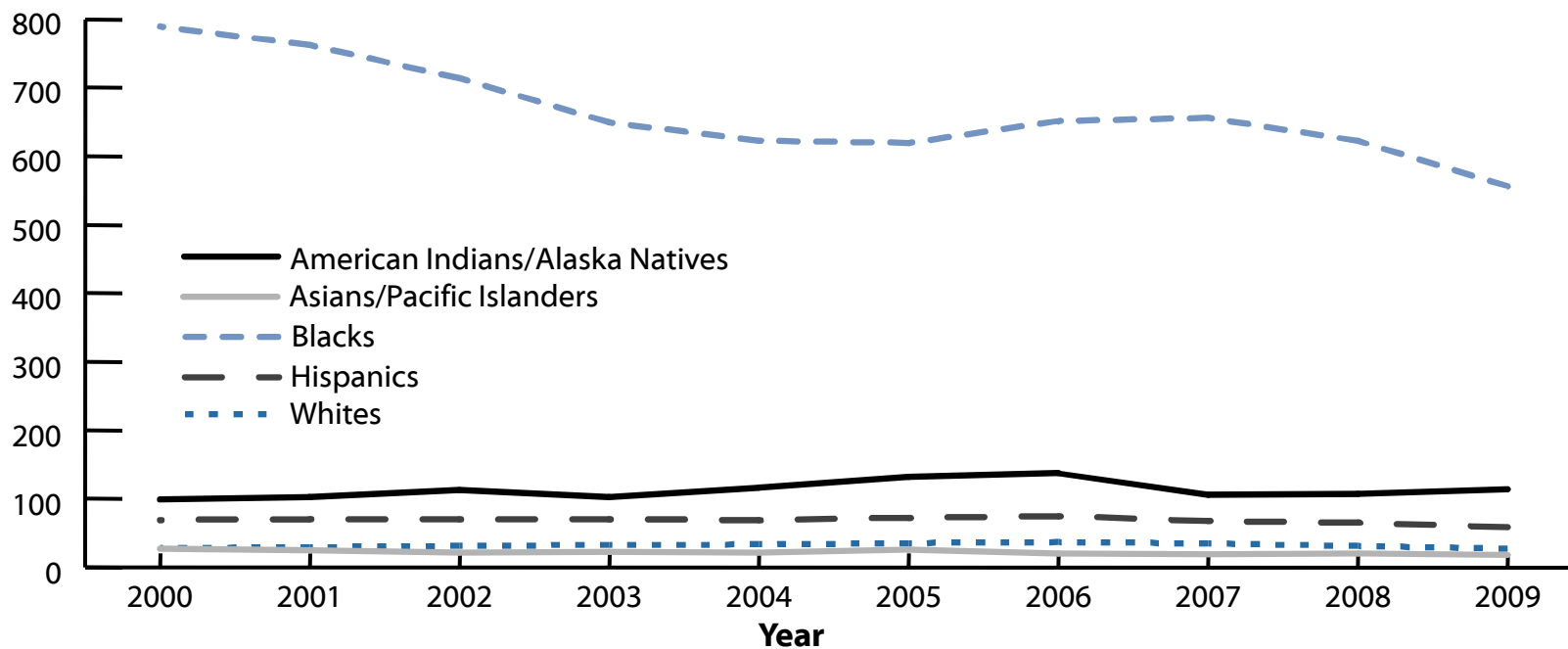
Gonorrhea—Rates by Age Among Men Aged 15–44 Years, United States, 2000–2009

Rate (per 100,000 population)

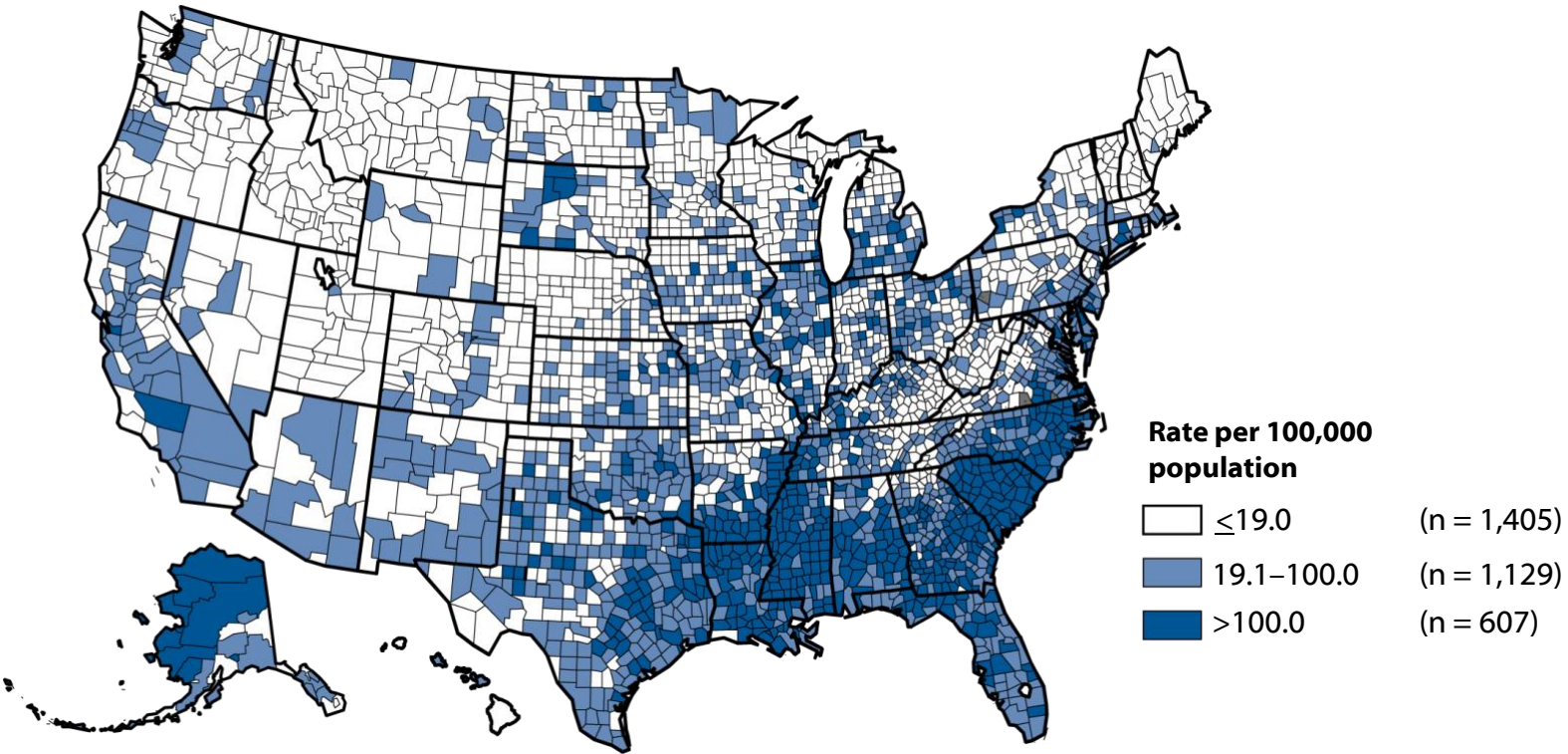


Gonorrhea—Rates by Race/Ethnicity, United States, 2000–2009

Rate (per 100,000 population)



Gonorrhea—Rates by County, United States, 2009



IS GONORRHEA DECREASING?

NATIONAL JOB TRAINING PROGRAM SCREENING DATA

National Job Training Screening Program

❑ National Job Training Program (NJTP)

- Federally funded job preparatory program
- Economically disadvantaged men and women aged 16–24 years
- 48 states and Washington, DC

❑ Gonorrhea screening required at entry

- Contract laboratory performs tests
- Laboratory data shared with CDC
- Includes information on **both** positive and negative tests

❑ Available information

- Sex, age, race/ethnicity
- Test technology
- Place and date tested

Why use NJTP data ?

❑ Information is available on all GC tests

- Prevalence = $\frac{\text{XXX} - \text{number of people testing positive}}{\text{XXX} - \text{all people tested upon entry to NJTP}}$

❑ Large, “stable” population

- 95,184 men tested for GC from 2004-2009
- 91,697 women tested for GC from 2004-2009
- Consistent demographic each year

❑ NJTP entrants have higher GC risk than U.S. population

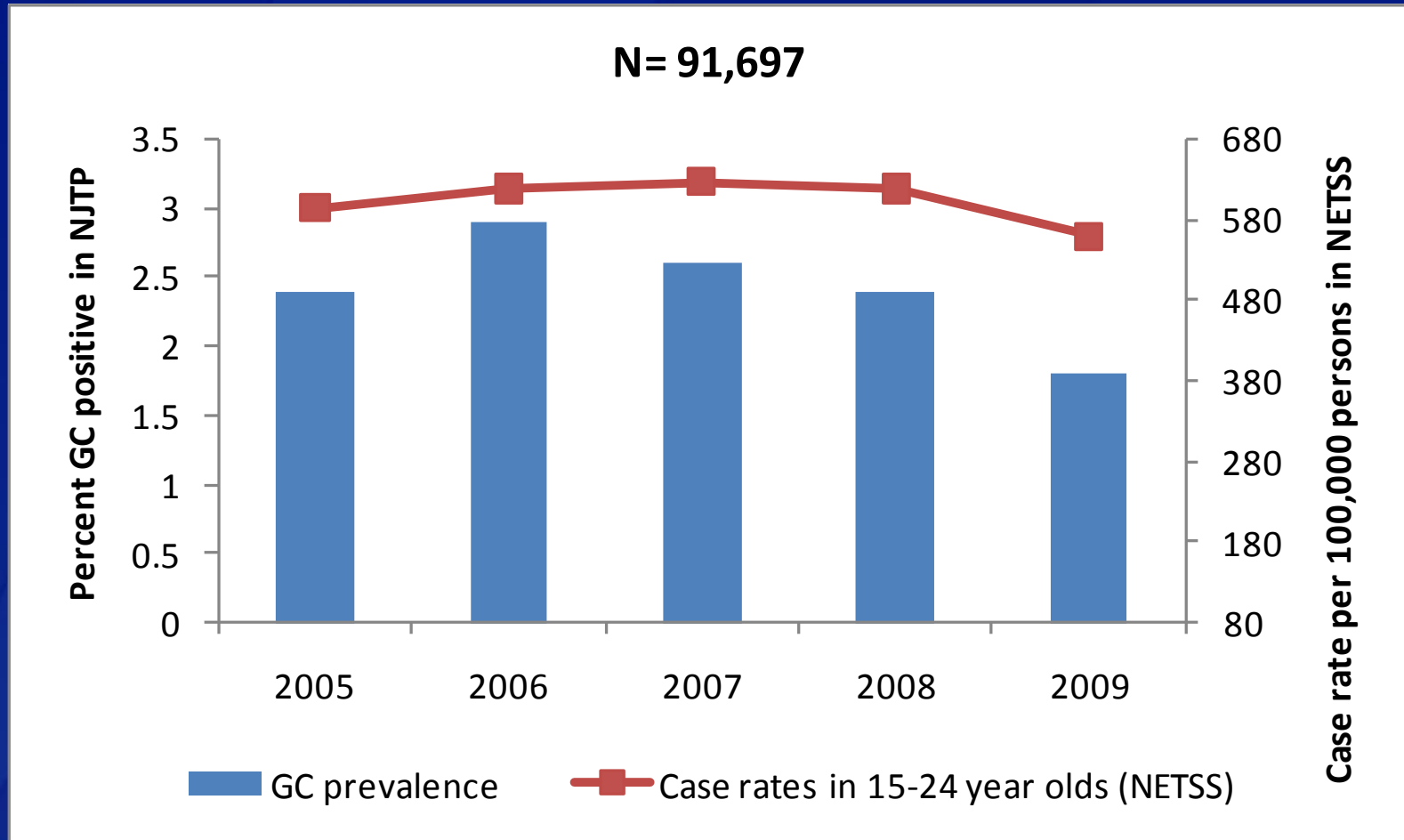
- >70% < 19 years old
- >60% black
- >50% from South

Gonorrhea prevalence among men screened in the National Job Training Program

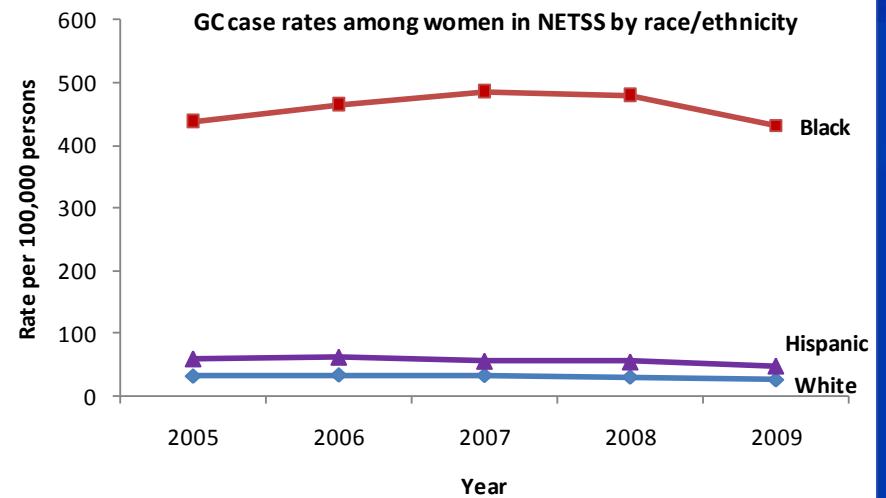
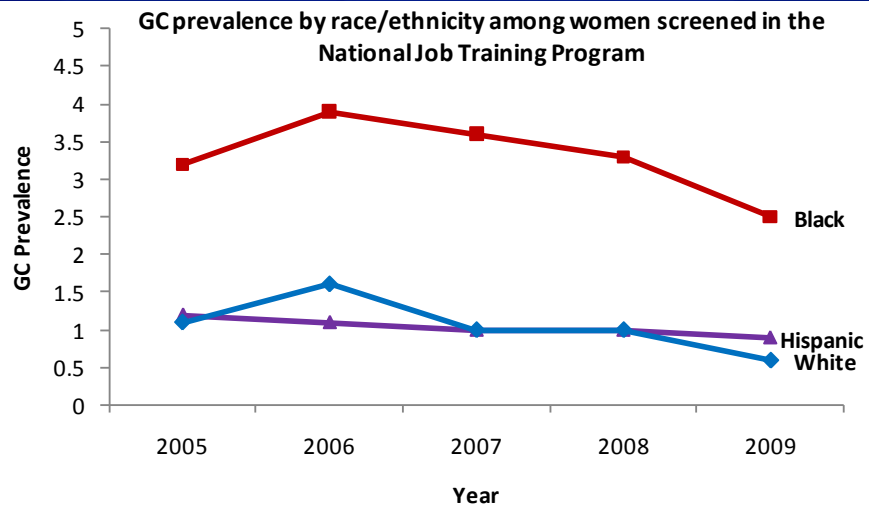
N= 95,184



Gonorrhea prevalence among women screened in the National Job Training Program

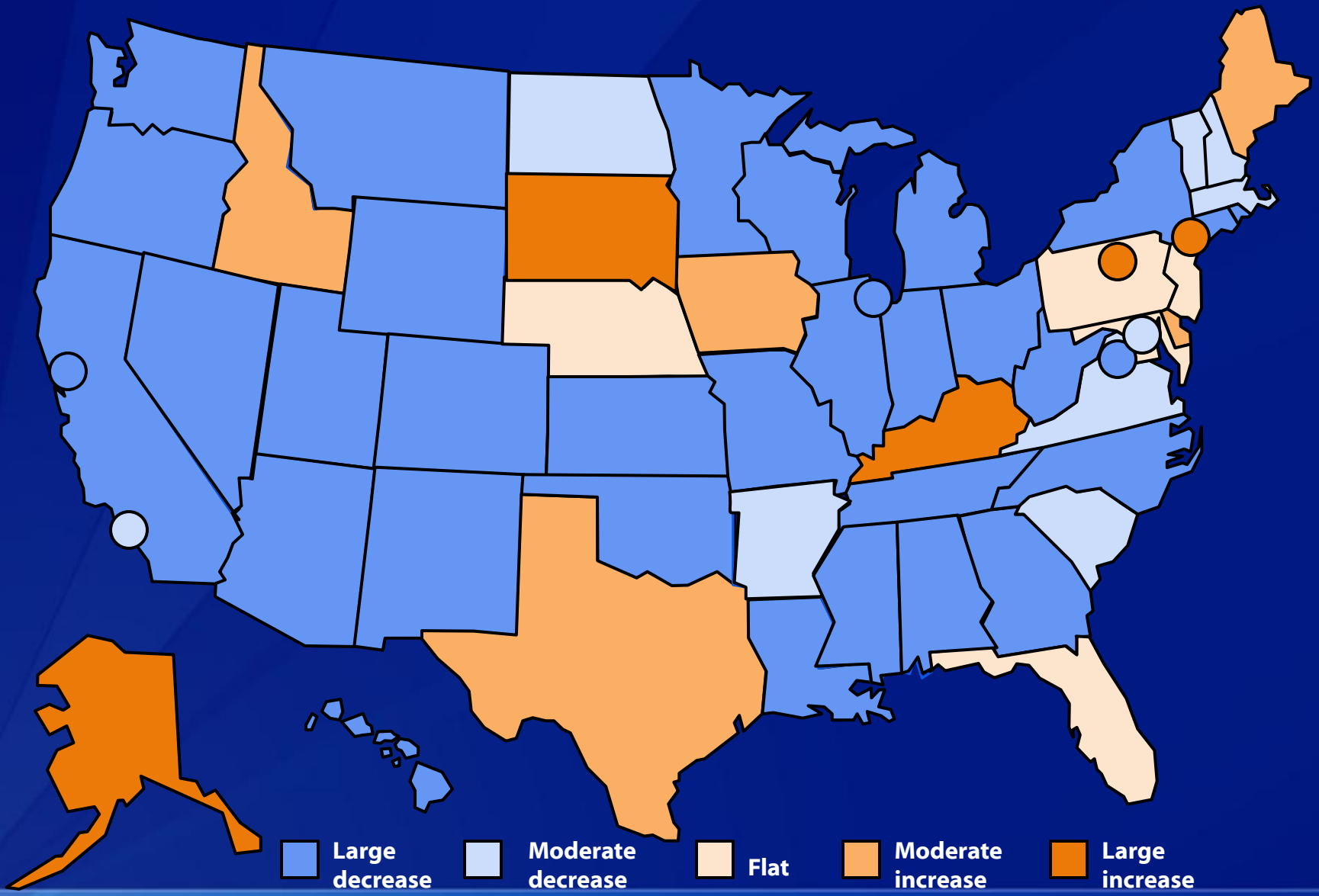


Racial disparities among women in the National Job Training Program and NETSS



NETSS DATA-TRENDS

Gonorrhea trends by project area, 2005–2010*



BUT*.....

Alabama 5.4%
Arkansas 7%
New Mexico 16%
Texas 8.5%

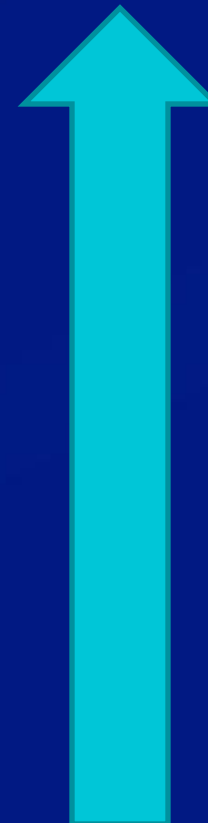


Florida 3%
Georgia 11%
Kentucky 1%
Louisiana 32%
Mississippi 22%
N Carolina 2%
Oklahoma 8%
S Carolina 3%
Tennessee 10%

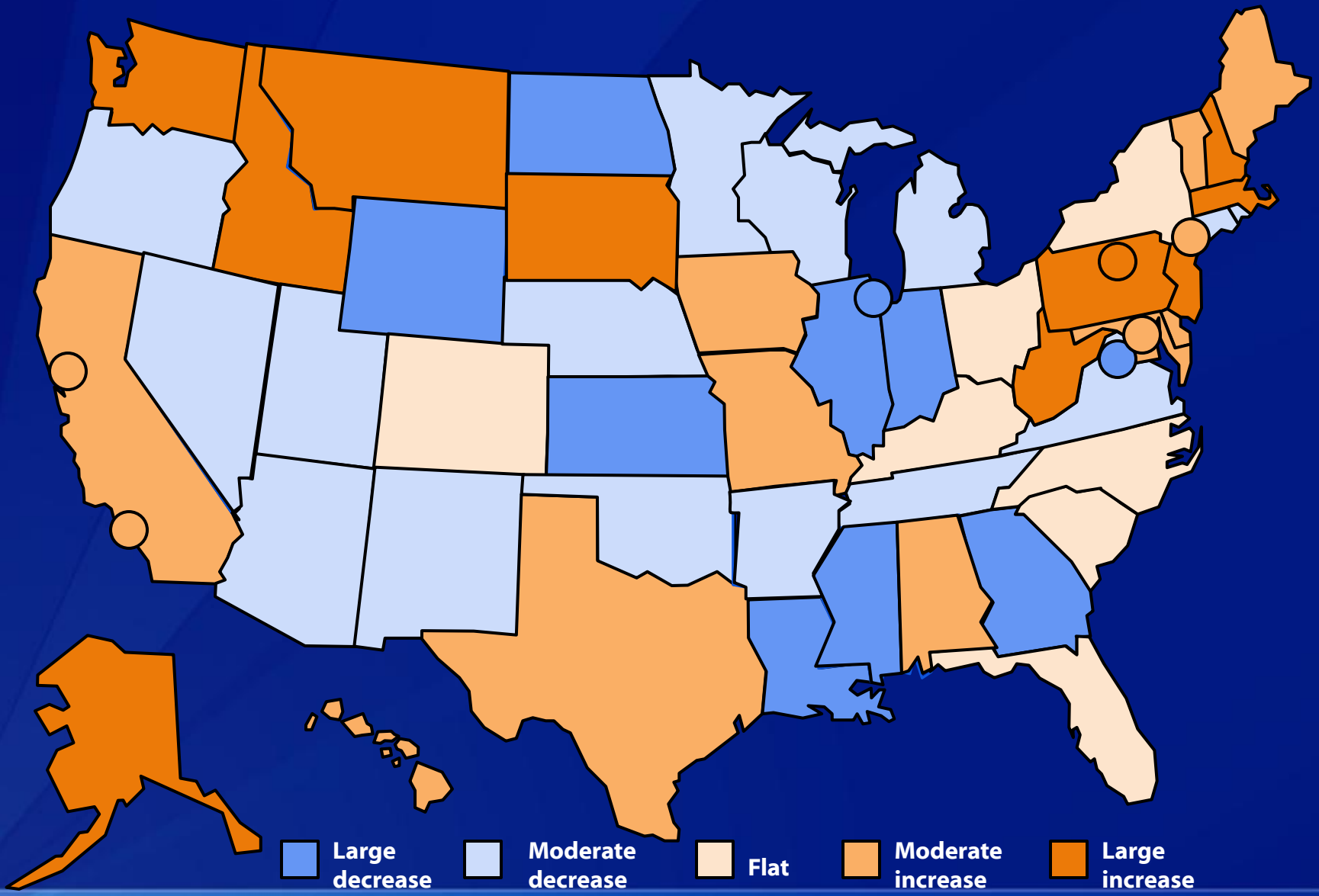


■ Significant Increases

- L.A. 14%
- San Francisco 10%
- CPA 16%
- Hawaii 15%
- Maryland 20%
- Massachusetts 26%
- Philadelphia 40%
- Washington 25%
- Puerto Rico 35%
- NYC 15%
- New Jersey 21%



Gonorrhea trends by project area, 2009–2010*



What do you think?

IS GONORRHEA DECREASING?

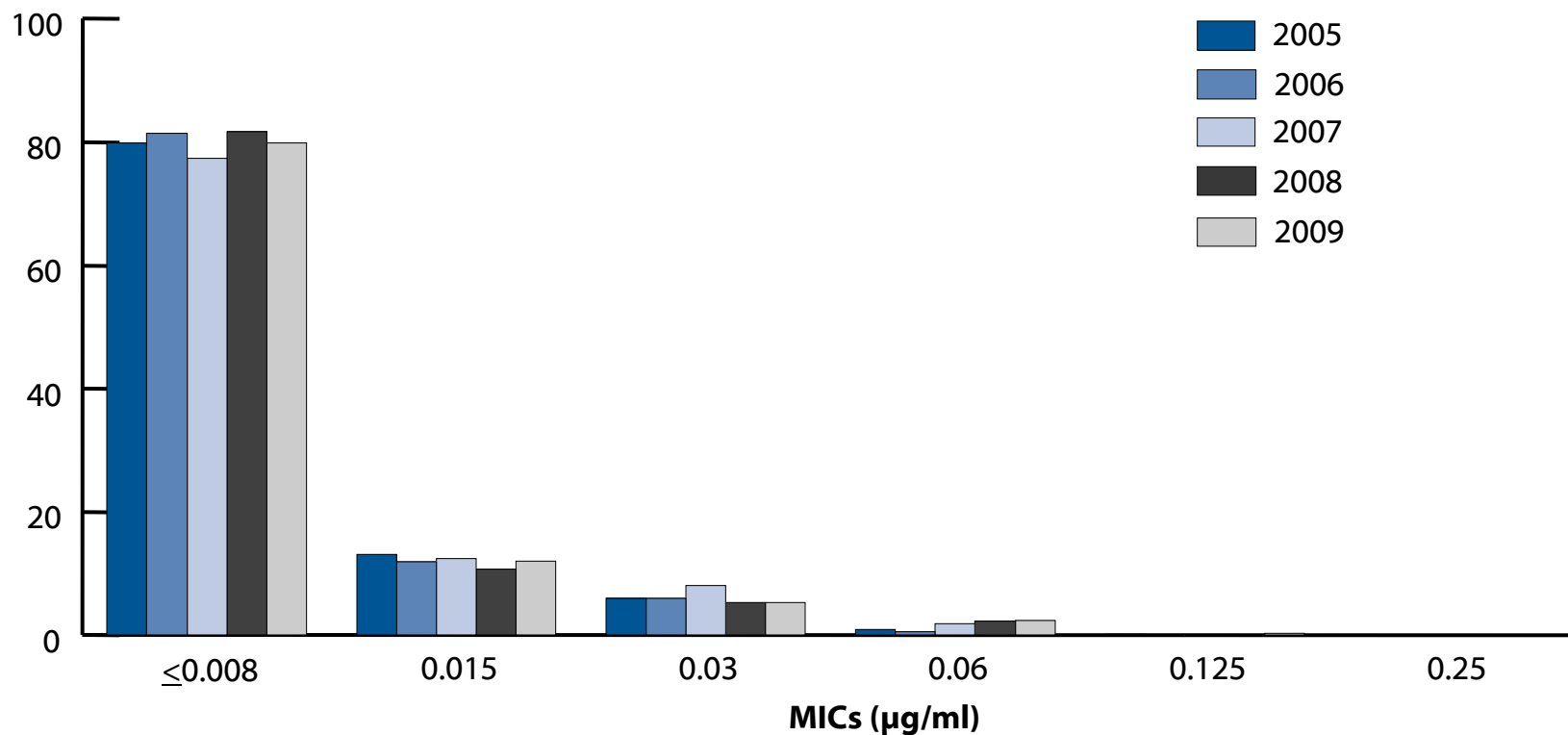
**GONOCOCCAL ISOLATE
SURVEILLANCE PROJECT DATA**

Gonococcal Isolate Surveillance Project (GISP)—Location of Participating Sentinel Sites and Regional Laboratories, United States, 2009

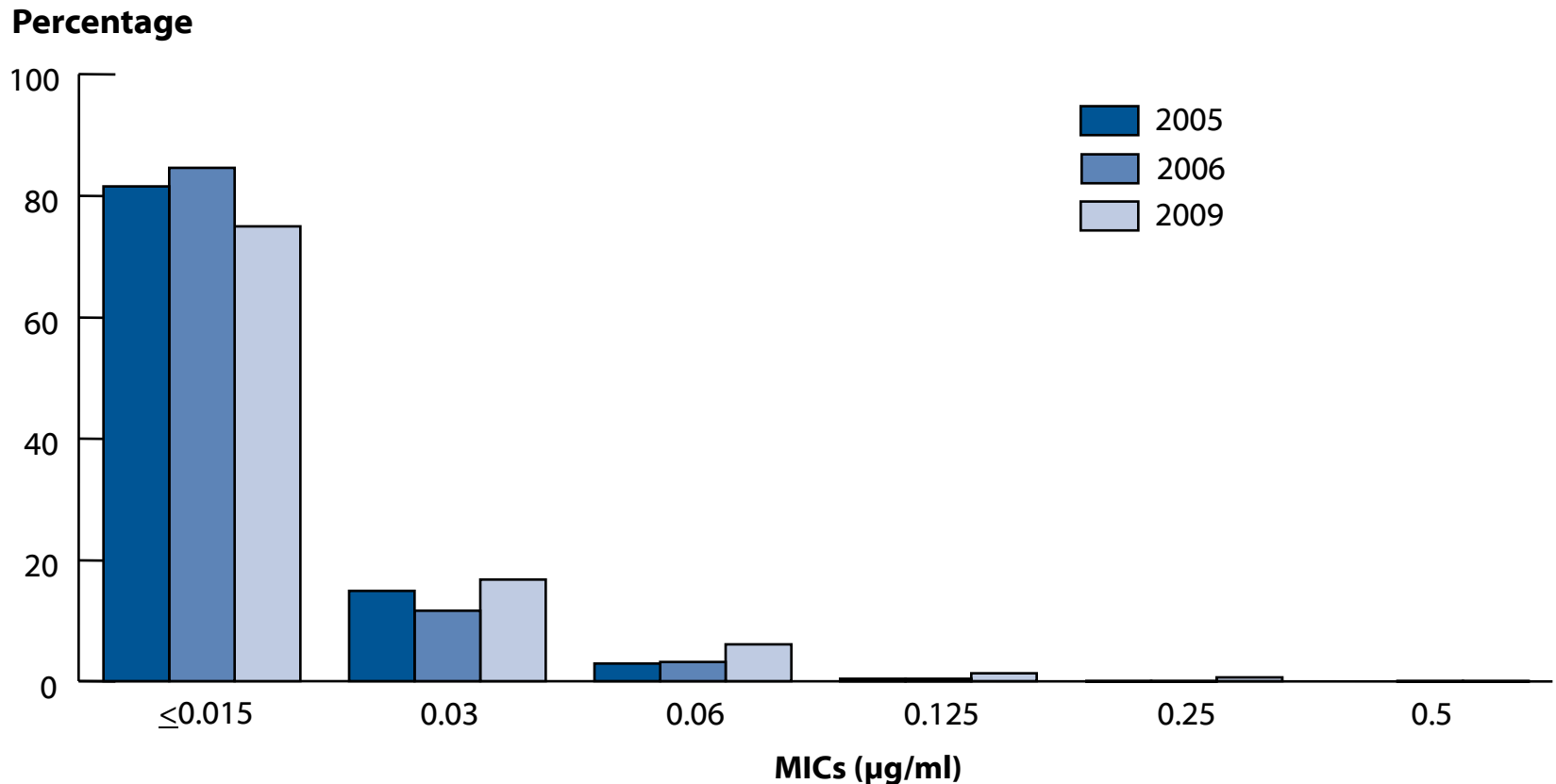


Gonococcal Isolate Surveillance Project (GISP)—Distribution of Minimum Inhibitory Concentrations (MICs) to Ceftriaxone Among GISP Isolates, 2005–2009

Percentage



Gonococcal Isolate Surveillance Project (GISP)—Distribution of Minimum Inhibitory Concentrations (MICs) to Cefixime Among GISP Isolates, 2005–2006 and 2009

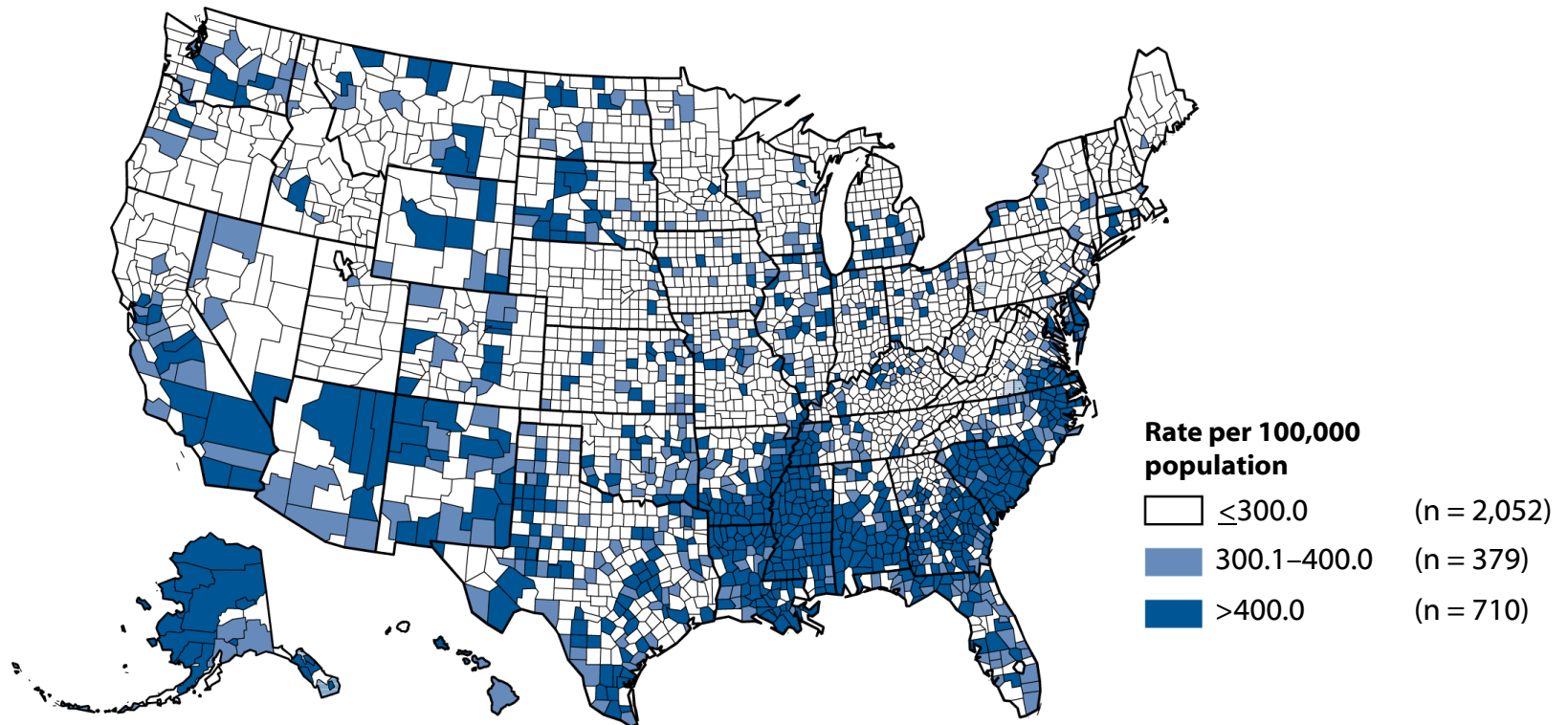


NOTE: Isolates were not tested for cefixime susceptibility in 2007 and 2008.



ITS NOT JUST GONORRHEA.....

Chlamydia—Rates by County, United States, 2009



**STD TREATMENT GUIDELINES
2010
HIGHLIGHTS**

**Gonorrhea Treatment:
Uncomplicated Infections of the Cervix, Urethra,
and Rectum**

**Cefixime (400mg PO) OR
Ceftriaxone (250mg IM)**

PLUS

**Azithromycin (1g PO) OR
Doxycycline (100mg PO, 2x/day, 7 days)**

(Regardless of whether or not chlamydia* is ruled out)

* No changes in recommended treatment for Chlamydial infections

Chlamydia Screening : Changes from 2006

❑ Women

- Age cut-off remains the same
- Addresses USPSTF age change
- No change to risk factors
- Among women, the primary focus of chlamydia screening efforts should be to detect chlamydia and prevent complications, whereas targeted chlamydia screening in men should only be considered when resources permit and do not hinder chlamydia screening efforts in women.

❑ Men

- Although evidence is insufficient to recommend routine chlamydia screening in sexually active young men because of several factors (feasibility, efficacy, cost), the screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, STD clinics).

Gonorrhea Screening : Changes from 2006

❑ Women

- Wide spread screening NOT recommended
- No change to risk factors
- Providers should consider local gonorrhea epidemiology when making screening decisions; targeted screening of young women at increased risk is a primary part of gonorrhea control.

❑ Men

- Wide spread screening NOT recommended

Retesting for Chlamydia and Gonorrhea

- ❑ **Women and men should be retested approximately 3 months after treatment...If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12 months following initial treatment.**

Thank You.

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Division of STD Prevention

