Infertility Prevention Project Region II

New York, New York
April 12-13, 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
  - Early August Due Date
  - National Conference
  - Streamlined Application
    - 3% Chlamydia Positivity
    - Targeted Gonorrhea Plans with Burden Calculation
    - Progress on General Objectives
    - Syphilis Elimination
DSTDP Update

- Personnel Changes
- Consultations
- STD Treatment Guidelines
- STD Laboratory Guidelines/Meeting Report
- 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 Gonorrhea 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000 persons</th>
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<tbody>
<tr>
<td>1990</td>
<td>Men: 350, Women: 250</td>
</tr>
<tr>
<td>1992</td>
<td>Men: 300, Women: 200</td>
</tr>
<tr>
<td>1994</td>
<td>Men: 250, Women: 150</td>
</tr>
<tr>
<td>1996</td>
<td>Men: 200, Women: 100</td>
</tr>
<tr>
<td>1998</td>
<td>Men: 150, Women: 50</td>
</tr>
<tr>
<td>2000</td>
<td>Men: 100, Women: 0</td>
</tr>
<tr>
<td>2002</td>
<td>Men: 50, Women: 0</td>
</tr>
<tr>
<td>2004</td>
<td>Men: 0, Women: 0</td>
</tr>
<tr>
<td>2006</td>
<td>Men: 0, Women: 0</td>
</tr>
<tr>
<td>2008</td>
<td>Men: 0, Women: 0</td>
</tr>
<tr>
<td>2010</td>
<td>Men: 0, Women: 0</td>
</tr>
</tbody>
</table>
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—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
Gonorrhea—Rates by Race/Ethnicity, United States, 2000–2009

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 = XXX – number of people testing positive
    XXX – 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

Case rates in 15-24 year olds (NETSS)
Gonorrhea prevalence among women screened in the National Job Training Program

N = 91,697

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

Gonorrhea trends by project area, 2005–2010*

- Large decrease
- Moderate decrease
- Flat
- Moderate increase
- Large increase
BUT* …………..

Significant Increases

- Arizona 20%
- L.A. 14%
- San Francisco 10%
- CPA 15%
- Hawaii 13%
- Maryland 12%
- Massachusetts 26%
- Philadelphia 40%
- Washington 24%

*NETSS DATA March 31 2011 (CY 2009-CY 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

0 20 40 60 80 100

<0.008 0.015 0.03 0.06 0.125 0.25

MICs (µg/ml)

2005 2006 2007 2008 2009
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.
**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

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**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.