

# STD EXAMINER

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## Remarks from Dr. Richwald

This past December was a momentous month for STD prevention in the United States. Early in the month, a panel of leading health experts convened by the American Social Health Association (ASHA) for the Kaiser Family Foundation estimated that 15.3 million new cases of STDs occurred in the U.S. in 1996. In the mid-1980s, the CDC placed the number of new STD cases at approximately 12 million per year.

This update, representing an increase of nearly 30%, was the first to apply a vigorous methodology to calculate the annual STD incidence since that earlier estimate. "Better detection offers a greater opportunity to treat and ultimately stem the spread of STDs, but it has also shown that the epidemic is bigger than previously thought," said Ward Cates, MD, MPH, chair of the study's expert panel. A limited number of copies of *STDs in America: How Many Cases and at What Cost?* are available upon request from Sheryl Isaacs at the STD Program (213-744-3098).

A week later, Dr. Jeffrey Koplan, in one of his first appearances as the new director of the CDC, announced CDC support for the elimination of syphilis in the United States. With syphilis morbidity at an all-time low in this country, combined with the possibility of a resurgence of syphilis early in the 21<sup>st</sup> century (and a resultant increase in new HIV infections), Dr. Koplan's announcement represents a critical historical opportunity to significantly improve the community's health. Efforts are just beginning in Los Angeles to develop a local syphilis elimination campaign which capitalizes on current low rates of disease — in 1997, only 105 cases of primary

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## HIV-Positive Speakers Reach Out to Schools

*A nice-looking young man stands in the front of a middle-school classroom. He begins talking to students about his life growing up and some of the issues he faced then, like his parents' divorce. When he discusses his first date, the students titter and laugh. But then he talks about the day his life changed—the day he found out he was HIV-positive. The laughter ends.*

This guest speaker is from Positively Speaking, a statewide program that brings specially-trained HIV-positive individuals to classrooms and youth organizations. The goals of the program are to put a "human face" on the HIV/AIDS epidemic, promote compassion and respect for people living with HIV/AIDS, and reinforce prevention information. The speakers introduce themselves only by their first names, but they share their personal experiences of living with HIV, while at the same time weaving prevention messages into their individual stories.

Positively Speaking, jointly sponsored by the California Department of Health Services and the Department of Education, is administered by 30 agencies throughout the state. The Los Angeles County STD Program is the coordinating agency for L.A. County.

According to Sally Villanueva, the STD Program's Positively Speaking coordinator, the program has had great success and is rapidly growing. Since its inception in 1993, its speakers have reached nearly 33,000 youth in L.A. County. "Teachers are inviting us back year after year and are recommending the program to other teachers," says Villanueva. "We are also beginning to get more requests from private and Catholic schools." She explains that the program works hand-in-hand with the implementation of state-mandated HIV education.

So what do the students think of the program? In a formal statewide evaluation of Positively Speaking, three-fourths of students ranked its presenters as the most memor-

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Reported STDs in Los Angeles County, Third Quarter 1998\*. Provisional data; rates per 100,000 population\*\*.

| HEALTH DISTRICT           | CHLAMYDIA |                    |                       | GONORRHEA |                    |                       | EARLY SYPHILIS <sup>†</sup> |                    |                       | CONGENITAL SYPHILIS |                    |                       |
|---------------------------|-----------|--------------------|-----------------------|-----------|--------------------|-----------------------|-----------------------------|--------------------|-----------------------|---------------------|--------------------|-----------------------|
|                           | Cases     | Rates <sup>‡</sup> | % Change <sup>H</sup> | Cases     | Rates <sup>‡</sup> | % Change <sup>H</sup> | Cases                       | Rates <sup>‡</sup> | % Change <sup>H</sup> | Cases               | Rates <sup>‡</sup> | % Change <sup>H</sup> |
| Alhambra                  | 102       | 131.2              | +14                   | 9         | 11.4               | +25                   | 1                           | 1.0                | -6                    | 0                   | 0.0                | ---                   |
| Bellflower                | 146       | 203.6              | +18                   | 45        | 61.7               | +16                   | 1                           | 1.1                | -53                   | 0                   | 0.0                | ---                   |
| Central                   | 276       | 465.0              | +38                   | 63        | 104.4              | -16                   | 15                          | 20.1               | -26                   | 1                   | 57.2               | -14                   |
| Compton                   | 358       | 647.5              | +19                   | 123       | 218.9              | +54                   | 6                           | 8.6                | -58                   | 1                   | 57.5               | -67                   |
| East L.A.                 | 139       | 312.7              | +16                   | 19        | 42.1               | +66                   | 4                           | 7.1                | +1                    | 0                   | 0.0                | ---                   |
| East Valley               | 245       | 291.7              | +26                   | 43        | 50.4               | +52                   | 4                           | 3.8                | +91                   | 0                   | 0.0                | ---                   |
| El Monte                  | 251       | 264.9              | +16                   | 26        | 27.0               | +1                    | 4                           | 3.4                | -22                   | 0                   | 0.0                | ---                   |
| Foothill                  | 114       | 182.5              | +37                   | 20        | 31.5               | +15                   | 5                           | 6.4                | +57                   | 0                   | 0.0                | ---                   |
| Glendale                  | 79        | 115.2              | -21                   | 16        | 23.0               | -4                    | 5                           | 5.8                | +16                   | 0                   | 0.0                | ---                   |
| Harbor                    | 96        | 239.7              | 0                     | 22        | 54.0               | +5                    | 1                           | 2.0                | -3                    | 0                   | 0.0                | ---                   |
| Hollywood-Wilshire        | 324       | 331.6              | +17                   | 152       | 153.1              | +12                   | 15                          | 12.2               | +7                    | 3                   | 144.6              | ---                   |
| Inglewood                 | 460       | 562.6              | +7                    | 1823      | 219.0              | +20                   | 16                          | 15.5               | -10                   | 0                   | 0.0                | ---                   |
| Northeast                 | 245       | 362.3              | +42                   | 27        | 39.3               | -19                   | 3                           | 3.5                | +4                    | 0                   | 0.0                | ---                   |
| Pomona                    | 204       | 186.7              | +11                   | 28        | 25.2               | +45                   | 7                           | 5.1                | +122                  | 0                   | 0.0                | ---                   |
| San Antonio               | 290       | 342.6              | +10                   | 34        | 39.5               | +60                   | 9                           | 8.4                | +349                  | 1                   | 38.4               | ---                   |
| San Fernando <sup>^</sup> | 234       | 174.6              | -16                   | 70        | 51.4               | +6                    | 3                           | 1.8                | -8                    | 0                   | 0.0                | ---                   |
| South                     | 301       | 906.4              | +6                    | 107       | 317.0              | +3                    | 27                          | 64.5               | -14                   | 1                   | 83.9               | ---                   |
| Southeast                 | 201       | 682.0              | +21                   | 41        | 136.9              | -6                    | 4                           | 10.8               | -48                   | 0                   | 0.0                | ---                   |
| Southwest                 | 507       | 705.3              | +5                    | 211       | 288.8              | +13                   | 31                          | 34.2               | -5                    | 1                   | 58.2               | -68                   |
| Torrance                  | 145       | 160.0              | -10                   | 42        | 45.6               | -3                    | 5                           | 4.4                | 0                     | 0                   | 0.0                | ---                   |
| West                      | 185       | 149.1              | +15                   | 55        | 43.6               | +9                    | 1                           | 0.6                | -81                   | 0                   | 0.0                | ---                   |
| West Valley               | 333       | 224.0              | +16                   | 64        | 42.4               | +27                   | 2                           | 1.1                | -2                    | 2                   | 64.7               | +96                   |
| Whittier                  | 142       | 218.0              | +7                    | 18        | 27.2               | -11                   | 4                           | 4.9                | +91                   | 1                   | 74.6               | ---                   |
| <b>DISTRICT SUM</b>       | 5,377     |                    |                       | 1,417     |                    |                       | 173                         |                    |                       | 11                  |                    |                       |
| District Unknown          | 1,396     |                    |                       | 339       |                    |                       | 0                           |                    |                       | 0                   |                    |                       |
| <b>COUNTY TOTAL</b>       | 6,773     | 299.3              | +11                   | 1,756     | 77.6               | +12                   | 173                         | 7.6                | -7                    | 11                  | 27.8               | -38                   |

\* Based on the disease week calendar (6/28/98 to 10/3/98).

<sup>†</sup> Rates adjusted for cases with Health District Unknown.

\*\*Rate calculations are based on 1997 population estimates due to the current unavailability of 1998 estimates.

<sup>‡</sup> Percent change in rate from third quarter 1997 to third quarter 1998.

<sup>‡</sup> Rates expressed per 100,000 live births.

§ Early Syphilis=Primary, Secondary, and Early Latent Syphilis.

<sup>^</sup> Includes cases reported from Antelope Valley.



## Clinical Corner

# Update from the 1998 National STD Prevention Conference

From December 6-9, 1998, STD experts from around the U.S. gathered in Dallas, TX for the 1998 National STD Prevention Conference, sponsored by CDC and the American Social Health Association. The conference session entitled "Cutting-Edge Clinical Tools" spotlighted emerging issues and innovations in STD clinical care. Here are some highlights:

Antimicrobial-resistant gonorrhea. King K. Holmes, MD, PhD, of the Center for AIDS and STD, University of Washington, Seattle, provided an update on antimicrobial-resistant strains of *N. gonorrhoeae*. Decreased sensitivity to quinolones, specifically ciprofloxacin, has spread rapidly in Asia since 1994 and is now found in over half of gonococcal isolates from the Philippines and several other Asian countries. High-level resistance to ciprofloxacin has yet to emerge in the U.S., however, with fewer than 1.4% of isolates now exhibiting resistance. In 1998, the first erythromycin-resistant strains of *N. gonorrhoeae* were demonstrated, raising concerns about the potential emergence of macrolide-resistant gonorrhea. Fortunately, cefixime, ceftriaxone and ofloxacin remain effective agents for the treatment of gonorrhea in the United States.

Potential new treatments for syphilis. Edward W. Hook, III, MD, of the Division of Infectious Diseases, University of Alabama at Birmingham, reported on the development of oral single-dose treatments for syphilis. Progress has been limited by several barriers, including that syphilis cannot be cultured, animal models are poor, and serologic follow-up is imprecise. However, several pilot studies have recently been conducted on the efficacy of azithromycin for the treatment of syphilis. In small studies of patients exposed to or diagnosed with early

syphilis, treatment with 2 g of azithromycin given orally in one dose was as effective as standard treatment with benzathine penicillin G. Larger studies may begin in the near future to establish efficacy.

Implications of HIV treatment advances. Jonathan Kaplan, MD, of the CDC Division of HIV/AIDS Prevention, discussed the potential impact on HIV transmission of the HIV antiretroviral "cocktails" now in wide use. The new therapies have been demonstrated to reduce HIV viral load in semen and vaginal secretions, and three recent studies of sero-discordant couples have indicated that heterosexual transmission of HIV may decrease when viral load is lowered. Nevertheless, the potential impact of the new drugs on transmission rates is hard to predict. The impact may be limited if most HIV transmission occurs among people who are not yet in care, if patients do not adhere to the therapies, or if those taking the drugs increase their high risk behaviors as a result.

HPV vaccines. Denise Galloway, PhD, of the Fred Hutchinson Cancer Research Center, provided an update on the development of vaccines against human papillomavirus (HPV). Several vaccine strategies are being developed simultaneously, including prophylactic vaccines to prevent initial HPV infection, and therapeutic vaccines to prevent disease progression, mediate regression, or treat cancer. Early clinical trials with prophylactic vaccine prototypes have found that the viral-like particles used to induce immune response are safe and highly immunogenic. Although therapeutic vaccine prototypes have also been found safe and well-tolerated, they have been unable to induce a strong immune response among women with late stage cervical cancer. Further trials are now planned among women in earlier stages of disease progression.



## High rates of chlamydia found among women seeking pregnancy termination

Although STD screening is a standard part of prenatal care, many of the 1.2 million women who elect to terminate their pregnancies each year do not receive screening for STDs. To assess chlamydia prevalence among women seeking abortion or pregnancy testing, the STD Program, in collaboration with California State University, Long Beach, conducted urine-based screening at a reproductive health care clinic in central Los Angeles which specializes in these services.

A total of 461 women were screened for chlamydia as part of the Gonorrhea-Chlamydia Action Project (GCAP). Infection rates were high, with 6.5% of women who presented for pregnancy termination (n=217) and 5.3% of

those who presented for pregnancy testing only (n=244) testing positive for chlamydia. Prevalence was highest (13.2%) in women ages 20 to 24. Young age was the only significant predictor of infection.

Only 17.5% of women reported routine condom use. In addition, few women reported ever having attended an STD clinic (7%) or being previously tested for an STD (13%), indicating that clinics specializing in pregnancy testing and termination may provide the only point of access to reproductive health care for many women. These clinics represent an important—and often missed—opportunity for the provision of STD screening, prevention education and sex partner services.

# Director

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and secondary syphilis were reported, compared to 4,176 cases in 1987, the height of the most recent epidemic in L.A. County.

Also in December, a team of researchers and clinicians at RAND presented a report to the National Committee on Quality Assurance which led to the addition of a chlamydia screening performance measure to the Health Plan Employer Data and Information Set (HEDIS). The new HEDIS 3.0 guideline, reported by many managed care organizations (MCOs), measures compliance with recommended annual chlamydia screening for all sexually active women, ages 15-25, as a quality of care standard. The relatively low rate of annual chlamydia screening by MCOs, ranging from 1% to 58% of eligible women in the four health plans studied by RAND, represents a considerable opportunity to improve our overall chlamydia control and prevention in the County.

# Positively Speaking

Continued from page 1

able of guest speakers. Letters to speakers from students indicate that speakers are touching the lives of many young people and getting prevention messages across. A typical student letter reads, "Thank you for coming...it must have been hard for you to talk about your life to people you hardly know. I learned many things from you and I will be more careful with my life."

This type of feedback and support is also nurturing to the presenter. Speakers have remarked over and over again that making a contribution in this way improves the way they view themselves. Gretchen Adams, a speaker with the program since 1995, says, "Going to schools has made me feel positive about myself." "When I get letters back," she says, "I read them and cry."

Before joining the program, all speakers go through two days of intensive training. To date, the STD Program has trained more than 40 HIV-positive individuals representing a broad spectrum of society—men and women, married and single, gay and straight—and a variety of ethnicities, occupations, and languages. Speakers learn how to effectively relate their life experiences before, at the time of, and after diagnosis. The training also covers developmental issues of adolescence and answers to typical, and often sensitive, questions.

Although speakers invest significant time in training, practicing, traveling and presenting, all agree that their investment is rewarded by being able to speak *positively* about HIV/AIDS prevention.

*For further information, contact Sally Villanueva at (213) 744-5238.*

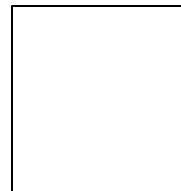
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