



STD EXAMINER

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Suspected Syphilis Outbreak Triggers Rapid Response

Syphilis rates have declined to all-time lows in L.A. County over the past several years, and efforts are underway to ensure that they stay there through an aggressive response to a suspected syphilis outbreak identified this June.

The first cases indicating a potential outbreak were diagnosed on June 29 and 30, 1999 by medical staff at the Twin Towers II correctional facility in central Los Angeles. Within a 48-hour period, three female inmates at the jail were found to have condylomata lata, wart-like growths in the genital area which are symptomatic of infectious secondary syphilis. In the following four weeks, the STD Program identified 32 additional early syphilis cases, 14 of which were also diagnosed in the jail or other detention facilities. If left untreated, syphilis can result in serious neurologic, cardiovascular and other complications, increase the risk of HIV acquisition and transmission, and cause congenital deformations or death in infants.

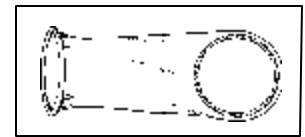
The majority of the recently identified cases (20/32) have been among women, with the ages of those infected ranging from 24 to 55. Over half (17/32) originated in the Compton, South or Central Health Districts. The only connection between the cases appears to be that many of the women who were infected reported exchanging sex for money or crack cocaine.

The cluster of new cases has occurred just as increased attention is being focused on national, state and local initiatives for syphilis elimination. The goal is to eliminate all cases of primary, secondary, or early syphilis from the region, and to quickly identify and halt transmission of any imported cases. Two important components of the elimination effort are the early identification of outbreaks, and the implementation of a

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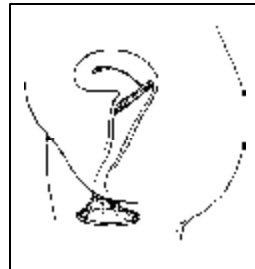
Reality® Check: An Update on the Female Condom

The Reality® female condom, which has been available in the U.S. for six years, remains the first and only woman-controlled device that offers dual protection from pregnancy and STDs. Yet for many women – and their health care providers – the method is still not on their contraceptive “radar screen.”



The female condom is a pliable polyurethane pouch that lines the vagina. A plastic ring at the closed end is used to insert the device and hold it in place against the cervix, while a second ring rests outside the vagina, partially covering the labia. It is larger and baggier than the male condom, often engendering curious responses from those encountering it for the first time. “When women are introduced to it at the clinic, their first reaction is ‘Ooh, it’s so big’,” says Mary Latka,

PhD, Epidemiologist at the New York Academy of Medicine, who has been studying the device’s acceptability among STD clinic patients.



Some of the advantages of the female condom are that it can provide an alternative for persons allergic to latex, can be used with oil-based lubricants, is available over-the-counter, and may be useful for women

who are unable to negotiate male condom use with their partners. A significant barrier for some may be the high cost of about \$2.00 per condom, although Medi-Cal reimbursement is now available. Another possible disadvantage is the female condom’s higher pregnancy rate with typical use (12% over a 6-month period) than the male condom’s (8%). With perfect use, this rate is reduced to 2.6%, making it equal to other barrier methods. To ensure effectiveness, care must be taken to insert the penis into the outer ring, rather than between it and the vaginal wall.

While laboratory studies have shown the female condom to be impermeable to STD-causing pathogens, only a few studies have evaluated

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Clinical Corner

The ABCs of STDs: How Much Do Providers Know?

By Helene Calvet, MD

How well are providers keeping up with new developments in STD diagnosis and treatment? At the recent meeting of the International Society for STD Research (ISSTDR), data was presented from a survey of primary care providers (physicians, nurse-practitioners and physician assistants) from the St. Louis, MO, area.¹ Of the nearly 1,000 providers surveyed, 90% said they “almost always” follow the CDC Treatment Guidelines, yet the results of specific questions showed otherwise. Thirty-eight percent incorrectly identified azithromycin or doxycycline as a drug of choice for gonorrhea (correct choices include cefixime, ciprofloxacin, ofloxacin, or ceftriaxone), and only 47% could identify doxycycline as the drug of choice for syphilis in a penicillin-allergic patient. Also, 45% of the providers incorrectly named azithromycin as a drug of choice for PID, and only 77% would hospitalize a pregnant woman with PID, as the guidelines recommend.

Are such misconceptions less common among providers who have more recently completed their training? It appears not, causing many to feel that the training offered in medical school, residency, and other programs is inadequate to prepare physicians and other providers for evaluating and treating patients with STDs. A simple exam administered to the trainees participating in the STD Teaching Clinic at L.A. County’s South Health Center demonstrates this fact. Trainees at the clinic – a weekly didactic session for medical residents and medical students – are asked to name the most common causes of genital ulcers, urethritis and vaginitis,

and how each condition is diagnosed and treated. The trainees are then administered the same quiz at the end of the four week rotation. To date, 43 trainees have completed the rotation, and the scores of the quizzes have been revealing. Resident physicians in internal medicine scored an average of only 13/20, and senior medical students an average of 15/20, on the pre-course test. Fortunately, both groups improved to an average of 18/20 and 19/20, respectively, on the post-course test.

So, what can be done to improve the state of medical education about STDs and to update practicing providers on the many new developments in the field of STDs? The answer is not entirely clear, but programs such as the STD Teaching Clinic, the monthly inservices offered by the L.A. County STD Program, and training programs offered by the California STD/HIV Prevention Training Center (PTC) are a start. Providers interested in learning more about the opportunities available can contact the STD Program at (213) 744-3106 or the California STD/HIV PTC at (510) 883-6600.

1. Stoner, BP, Hamm R, Wilson E, Rother D. Provider practice patterns, knowledge of, and adherence to STD treatment guidelines: results of a four-county provider survey. Abstract presented at the 13th Meeting of ISSTDR, Denver, CO, July 1999.

Dr. Helene Calvet is an Assistant Professor of Medicine at Charles Drew University/King-Drew Medical Center and a member of the CDC STD Faculty Expansion Program, which supports medical school faculty members dedicated to STD education and research.

Female Condom

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its efficacy in preventing STDs among actual users. In one clinical trial, the female condom was found useful in preventing recurrent vaginal trichomoniasis. Researchers in Thailand found that when the device was provided as an alternative for sex workers whose clients refused to wear male condoms, the mean incidence of STDs was reduced by 24%. Although not clinically tested, it is also suspected that the outer ring may provide increased protection against genital warts and herpes, by acting as a barrier between the labia and scrotum.

Studies focusing on acceptance of the female condom have found that its appearance, particularly its size, causes the most resistance to initial use. Some users also complain that the device makes noise during sex, a problem which can be alleviated with additional lubrication. In addition, first-

time female users often report discomfort with use and difficulty inserting the female condom, which is put into place much like a diaphragm. Such complaints have been found to decrease with practice and experience.

According to Latka, providers should be sure to offer new users plenty of information on insertion and proper use. “How the female condom is introduced is important to its uptake,” she says. The manufacturer also recommends that women practice inserting it several times before actual use. Because the male partner’s reaction is an important factor in use, experts also recommend increased education for men about the female condom. Studies have found that most men are willing to try the device, particularly with steady partners.

As with all new things, the female condom takes getting used to, and potential users must weigh its benefits and drawbacks for themselves. While it will not suit everyone, the female condom provides a welcome addition to our currently all-too-limited toolkit for STD and pregnancy prevention.



STD DataWatch

Reported STDs in Los Angeles County, First Quarter 1999. Provisional data.*

HEALTH DISTRICT	CHLAMYDIA			GONORRHEA			EARLY SYPHILIS**			CONGENITAL SYPHILIS		
	1999 Cases	1998 Cases	% Change [†]	1999 Cases	1998 Cases	% Change [†]	1999 Cases	1998 Cases	% Change [†]	1999 Cases	1998 Cases	% Change [†]
Alhambra	117	93	+26	8	5	+60	0	2	-	0	0	0
Antelope Valley	143	93	+54	29	3	+867	0	0	-	0	0	0
Bellflower	182	139	+31	37	23	+61	1	0	-	0	0	0
Central	273	254	+7	76	62	+23	7	27	-74	1	1	0
Compton	311	283	+10	99	102	-3	3	12	-75	1	3	-67
East L.A.	145	138	+5	11	10	+10	1	2	-50	0	1	-
East Valley	254	194	+31	37	28	+32	5	4	+25	0	0	0
El Monte	316	190	+66	36	16	+125	2	3	-33	0	0	0
Foothill	136	99	+37	11	10	+10	3	2	+50	0	0	0
Glendale	88	70	+26	19	13	+46	0	4	-	0	0	0
Harbor	98	74	+32	17	9	+89	0	3	-	0	0	0
Hollywood-Wilshire	371	297	+25	132	143	-8	10	15	-33	2	1	+100
Inglewood	461	358	+29	147	144	+2	11	16	-31	1	4	-75
Northeast	236	177	+33	27	22	+23	1	6	-83	0	0	0
Pomona	262	172	+52	29	29	0	2	2	0	1	1	0
San Antonio	324	262	+24	30	30	0	4	2	+100	0	1	-
San Fernando	159	120	+33	26	36	-28	2	5	-60	0	0	0
South	302	225	+34	97	100	-3	13	17	-24	1	2	-50
Southeast	247	151	+64	47	43	+9	6	4	+50	0	0	0
Southwest	570	474	+20	189	164	+15	18	23	-22	2	2	0
Torrance	176	150	+17	35	33	+6	3	1	+200	0	0	0
West	207	200	+4	57	50	+14	3	1	+200	1	0	-
West Valley	380	282	+35	48	56	-14	8	5	+60	1	0	-
Whittier	157	94	+67	20	20	0	4	2	+100	0	0	0
District Sum	5,915	4,589	+29	1,264	1,151	10	107	158	-32	11	16	-31
District Unknown	1,049	1,070	-2	197	243	-19	2	2	0	1	0	0
COUNTY TOTAL	6,964	5,659	+23	1,461	1,394	+5	109	160	-32	12	16	-25

* Based on the disease week calendar (01/03/99 to 04/03/99). 1998 cases are reported for the same period last year.

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

† Percent change from first quarter 1998 to first quarter 1999.

Hotline Now Providing Automated Referrals to STD Clinics



There is good news for L.A. County residents in need of referrals to local STD clinics. The STD Program's Health Education Unit has improved its STD hotline with the addition of a 24-hour automated referral system, which provides information in both English and Spanish. By entering a zip code, callers can hear up to three listings for the nearest L.A. County STD clinics, including the clinic hours, locations, and telephone numbers. The newly automated system also has a 24-hour voice mailbox that allows callers to confidentially request free pamphlets and condom packets to be sent through the mail.

For callers who may need further assistance, such as answers to questions about STDs or HIV, counseling, or additional referrals, the STD Program's health education staff continue to be available on the hotline from 7:00 a.m. to 5:00 p.m., Monday through Friday. Hotline staff provide STD/HIV information and referrals in English, Spanish, Khmer, and Mandarin. The toll free number for the L.A. County STD hotline is **1-800-758-0880**.

Suspected Syphilis Outbreak

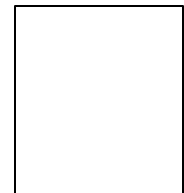
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coordinated, rapid response when outbreaks occur.

In response to L.A. County's suspected outbreak, syphilis RPR screening was instituted for all female inmates entering the Twin Towers II jail facility starting in mid-July, to continue for at least three months. In addition, five Public Health Investigators who are experienced syphilis coordinators have been temporarily reassigned to South Health Center, to assist in case management and control efforts. Targeted outreach and screening activities are also being conducted at parks, housing projects and other locations in neighborhoods where cases have been identified. Additional assistance is being provided by federal STD control staff assigned to Long Beach and the state of California. "The support from our colleagues in the jail, the public health centers and the state has been invaluable in allowing us to respond quickly," says Dr. Robert Settlage, Acting Director of the STD Program.

Dr. Settlage is asking clinicians and laboratories in the affected areas to assist in this special syphilis control effort by immediately informing the STD Program of any case of suspected infectious syphilis. Reports should be telephoned to (213) 744-5892 within 24 hours of diagnosis.

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STD Examiner is published quarterly by the Los Angeles County Sexually Transmitted Disease (STD) Program. We welcome your comments and suggestions.

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