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New CDC Treatment Guidelines:

Preventing Health Consequences Of Sexually Transmitted Diseases

July Notes & Reports.....

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The Centers for Disease Control and Prevention (CDC) has issued national guidelines designed to help health care providers protect their patients from the health consequences of sexually transmitted diseases (STDs). The *2002 Guidelines for the Treatment of Sexually Transmitted Diseases* integrate recommendations on the most effective treatment regimens, screening procedures, and prevention strategies for STDs, which infect an estimated 15 million people each year in the United States.

Rescreening for Chlamydia

CDC has expanded its recommendation for chlamydia screening among women. The new guidelines, consistent with other guidance, advise health care providers to annually screen sexually active adolescent women (19 years old and under) and young adult women (20 to 24), even if symptoms are not present. The screening of older women with a risk factor for chlamydia (a new partner or multiple sexual partners) is also advised.

For the first time, CDC has recommended rescreening in the management of chlamydia, advising rescreening three to four months after treatment is completed. The new guidance was issued as a result of the high prevalence of chlamydia found in women who were diagnosed with the disease in the preceding several months, presumably as the result of reinfection.

The most commonly reported infectious disease in the U.S., with 702,093 cases reported in 2000, chlamydia is asymptomatic in the majority of cases. According to CDC, millions of cases go unrecognized. Chlamydia is concentrated among female adolescents, who are physiologically more susceptible to a chlamydial infection than older women.

Reinfection with chlamydial infection is a key risk factor for pelvic inflammatory disease (PID), which can damage the fallopian tubes, uterus, and ovaries, and cause chronic pelvic pain. One in five women with PID also become infertile. Moreover, women infected with chlamydia are up to five times more likely to become infected with HIV, if exposed.

Historically, chlamydia prevalence is lower in areas with long-standing screening and treatment programs. CDC's new recommendation for rescreening women diagnosed with chlamydia can help protect women from the effects of chlamydial infections and could ultimately reduce infertility in the U.S.

Alternative Gonorrhea Treatments In Wake of Increasing Drug Resistance

Gonorrhea is the second most common infectious disease reported to CDC, with nearly 360,000 cases in 2000. Drug-resistant strains are becoming increasingly common in the U.S. When ciprofloxacin-resistant gonorrhea was found to be endemic to Hawaii in 2000, CDC recommended that the state cease its use of fluoroquinolone antibiotics – ciprofloxacin, ofloxacin, and levofloxacin – for treating the disease.

In the 2002 guidelines, CDC warns providers that ciprofloxacin-resistant strains have become so common on the west coast that the use of fluoroquinolone antibiotics to treat gonorrhea is inadvisable in California. This is the first time CDC has issued this guidance in the continental United States. Barry Wainscott, MD, MPH, manager of the Kentucky Department for Public Health's Communicable Disease Branch, advises Kentucky caregivers not to use fluoroquinolone antibiotics when there is clinical

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evidence to suspect resistance in patients, or for patients who have traveled to, or have a sex partner who has traveled to, the Pacific Islands and/or the west coast of the U.S. within the previous two months. Although there is no present evidence that Kentucky has ciprofloxacin-resistant gonorrhea strains, health care providers and laboratories are urged to immediately report cases to the Kentucky Department for Public Health and/or the local health department.

The antibiotics cefixime and ceftriaxone are now recommended as first-line drugs to treat gonorrhea in Hawaii and California. The new recommendations were made after examining data from the Gonococcal Isolate Surveillance Project (GISP), a CDC-sponsored surveillance system which monitors drug resistance of gonorrhea in selected areas.

To supplement GISP data, CDC requests that local and state public health professionals and health care providers report cases of gonorrhea that are resistant to any recommended antibiotics.

CDC has recommended the use of fluoroquinolone antibiotics for the treatment of gonorrhea since 1993. Previously, penicillin and tetracycline were recommended for the treatment, but widespread resistance rendered these drugs ineffective. Treatment with tetracycline and penicillin was abandoned in 1985 and 1987 respectively.

If not treated successfully, gonorrhea can cause PID and can facilitate HIV transmission.

MSM: Need for Expanded Risk Assessment and Screening

Recent data have shown a higher frequency of unprotected sex and increased rates of syphilis and gonorrhea among men who have sex with men (MSM), many of whom are HIV infected. To highlight the critical need for health care providers to expand screening and treatment of STDs within this high-risk population, the new guidelines call for assessing the sexual risk for all male patients, including gender of partners. For MSM patients who are sexually active, the guidelines recommend annual screening for STDs—HIV, chlamydia (anal, urethral), syphilis, and gonorrhea (anal, pharyngeal, urethral)—and vaccination against hepatitis A and B. More frequent STD screening may be indicated for those who have multiple anonymous partners or have sex in conjunction with illicit drug use.

New Serological Tests for Genital Herpes Diagnosis

New testing procedures may help providers with diagnosing and managing genital herpes type one (HSV-1) or type two (HSV-2). Since antiviral therapy may benefit individuals with herpes symptoms, providers who are aware of a patient's viral serotype can tailor counseling and treatment plans to best fit individual needs.

The majority of persons with recurring genital outbreaks are infected with HSV-2, which is almost always spread during sexual contact with someone who has a genital HSV-2 infection. Patients infected with this type can choose from suppressive or episodic antiviral treatments that can prevent or shorten the duration of outbreaks. Genital HSV-1, which is often caused by oral-genital sexual contact with a person with an oral HSV-1 infection (fever blister), is much less likely to recur and treatment may only be needed in patients with initial symptoms.

Regardless of severity of symptoms, genital herpes frequently causes psychological distress in people who know they are infected. The new CDC guidelines urge providers to counsel symptomatic patients about the disease and its initial and recurring manifestations.

Counseling also should include information on how to curtail the transmission of the virus to sexual partners and newborns. This is especially important since HSV can cause potentially fatal infections in infants if the mother is shedding virus at the time of delivery, particularly if the maternal infection was recently acquired. HSV also may play a major role in the spread of HIV. Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious.

The CDC estimates that over 50 million people in the United States are infected with HSV and that the number of new infections each year exceeds one million. HSV remains in the body indefinitely and is incurable. While most people have mild or unrecognized symptoms, many do not seek medical attention until they develop an episode of painful ulcers which are characteristic of this viral disease. Although episodes of herpes symptoms tend to decrease in frequency and severity over a period of years, patients remain infected and capable of infecting others.

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Other Key Recommendations

Prevention of STDs—The guidelines encourage health care providers to focus on risk assessment and counseling in addition to the clinical aspects of STD control—screening and treatment. To assist providers with prevention efforts, the guidelines have been expanded to encourage the use of client-centered counseling approaches tailored for individual patients. To curtail the spread of STDs, the guidelines suggest patients abstain from oral, vaginal, or anal sex. Patients who are sexually active should be counseled to be in a mutually monogamous relationship with an uninfected partner or use a condom during each sexual act.

Use of Nonoxynol-9 (N-9)—Recent studies have found that frequent use of N-9, a spermicide contraceptive, can cause genital lesions in the vagina and, therefore, may increase the risk of HIV transmission. It has also been found to cause damage to the lining of the rectum, providing an entry point for HIV and other STDs. According to the guidelines, spermicides, especially those that contain N-9, should not be used for STD prevention. Furthermore, N-9 lubricants should not be used during anal intercourse.

While the level of N-9 used as a lubricant in condoms is much lower than the level found to be harmful, condoms lubricated with N-9 spermicide also are not recommended because they have a shorter shelf life, cost more, and have been associated with urinary tract infections in women. However, previously purchased condoms with N-9 can be used, provided they have not passed their expiration date, since the protection provided by the condom against HIV outweighs the potential risk of N-9.

This article was compiled from *Guidelines for Sexually Transmitted Diseases* and from information provided by Barry Wainscott, MD, MPH, Manager, Communicable Disease Branch, and Dave Raines, BA, Manager, Kentucky STD/HIVCT Program.

The CDC revises the STD *Guidelines* approximately every four years, using a scientific evidence-based review process. The 2002 publication, released in May, is the fifth edition.

Copies may be ordered at http://www.cdc.gov/std.

HIV Testing for High Risk Patients Promoted in June

During a June campaign, Kentuckians at risk for Human Immunodeficiency Virus (HIV) infection were encouraged to undergo HIV antibody testing.

The campaign, associated with National HIV Testing Day on June 27, involved physicians and other health care professionals, as well as local health departments, in promoting testing to high risk patients and in providing proper counseling during the testing process.

Test Subject Profiles

■ A person who has had sex with someone who has HIV or other sexually transmitted disease, or who injects drugs. Testing also should be undergone if he or she has had multiple sex partners or has had sex with someone with multiple sex partners. (As of December 31, 2001, 57% of cumulative AIDS cases contracted HIV as a result of the risk factor, men having sex with men. Eleven percent of AIDS cases were a result of heterosexual contact.)

■ A person who has shared needles or syringes—Of cumulative AIDS cases, 13% contracted HIV from injecting drug use; 6% of cases have both of the risk factors—men having sex with men and injecting drug use.

■ A person who had a blood transfusion between 1978 and 1985

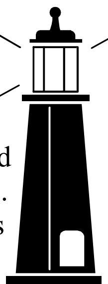
■ A woman who is pregnant or desires to be pregnant—The Centers for Disease Control and Prevention currently recommends that all pregnant women receive an HIV test. Early detection among pregnant women is important because administering treatment to the mother during pregnancy and to the child through six weeks after birth reduces the chance of transmitting HIV to the child by two-thirds.

Testing Sites

Currently, Kentucky has 177 state-sponsored HIV counseling and testing sites. Most are operated by local health departments; others are located at university student health centers. In addition, there are 10 community-based organizations providing services. All sites recommend confidential testing, but will perform anonymous tests if desired. More information may be obtained by contacting Tom Collins, Kentucky Department for Public Health at 502-564-6539.

Health Insurance Counseling Helps Kentucky Disabled and Seniors

Disabled individuals and older Kentuckians who are having difficulty navigating the health insurance and benefits maze are receiving help from the State Health Insurance Assistance Program (SHIP). A combined effort of the Office of Aging Services in the Cabinet for Health Services and the work of local volunteers throughout Kentucky, SHIP offers free, unbiased information and assistance on health matters. The program provides a network of counselors who serve as a bridge between consumers and health insurance.



The local volunteer-based system is designed to assist disabled and Medicare-eligible citizens—and their family members and caregivers—by providing one-on-one counseling, telephone hotlines, and educational programs. Knowledgeable counselors are available at the statewide SHIP toll-free number within Kentucky to lend direct assistance or to connect callers with local SHIP counselors. SHIP also works in partnership with Kentucky Medicare Partners to provide outreach and education to Medicare beneficiaries.

Counselors are trained to provide a wide range of health insurance-related information, including such subjects as prescription drug programs that help people who need assistance purchasing medications and various prescription drug discount programs available to seniors through pharmaceutical companies. This information may also be found on the Office of Aging Services' website at http://chs.state.ky.us/Aging/programs/Prescription%20Drug.htm.

According to the Aging Services agency, SHIP has reached thousands of older Kentuckians since its inception in 1992. More than 11,000 persons were served on a individual basis during the last fiscal year. Many more were reached through group educational presentations and publications.

Kentucky's State Health Insurance Program's counselors are available from 8 a.m.-4:30 p.m., EST, Monday through Friday. The toll-free line is 1-877-293-SHIP (1-877-293-7447). The TTY number for hearing impaired is 1-888-642-1137.

To learn more, contact Jerry Whitley, Executive Director, Office of Aging Services, at 502-564-6930.

Food Security in Kentucky Focus of Information Campaign

"Food Related Bioterrorism—Are You Prepared?" is the title of a timely fact sheet prepared by the state's Food Safety Task Force and the Kentucky Department for Public Health's Food Safety Branch.

Developed in response to last fall's terrorist acts, the fact sheet summarizes pertinent information to help ensure the safety and security of foods manufactured, stored, distributed, and served in Kentucky. It is designed to heighten awareness of management and workers of the growing importance of food security issues, such as keeping outer doors closed and locked, knowing food distributors (companies, drivers, delivery persons) and requiring distributor credentials, policing public access buffet lines, and restricting entry to food preparation areas by unauthorized persons.

The information sheet has been disseminated to the owners and operators of approximately 25,000 restaurants, grocery stores, food and dairy processors—firms that produce, process, store, repack, re-label, distribute, or transport food, or that prepare or distribute food at retail, as well as local health departments and other related entities.

In addition to the fact sheet, the Task Force and the Food Safety Branch have provided operators with copies of a *Guidance for Industry* document, developed by the federal Food and Drug Administration. The *Guidance* contains food security measures that can be utilized by all sectors of the food system (from farm-to-table) to minimize the risk of food being subjected to tampering, or criminal or terrorist actions.

The Food Safety Branch notes that the security documents are not regulations, but are simply intended to inform, raise consciousness and urge Kentucky's food industry to continue a proactive approach to ensuring the safety and security of the Commonwealth's food supply.

For additional information, contact Guy F. Delius, Assistant Director, Public Health Protection and Safety, and Manager of the Food Safety Branch. He may be reached at 502-564-7398, ext. 3716, or at Guy.Delius@mail.state.ky.us.

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http://publichealth.state.ky.us/newsletters-pub.htm

Access requires the Acrobat Reader Plug-In (available as a free download.)

Findings Released on Stroke-Related Deaths in the Nation and States

Among U.S. residents, 167,366 stroke-related deaths occurred in 1999, with an age-adjusted rate of 63.4 per 100,000 population. Death rates from stroke ranged from 33.0 per 100,000 in New Hampshire to 83.3 in South Carolina. The death rate from stroke among Kentuckians was 69.3 per 100,000 during the year.

A study of mortality from stroke, based on 1999 data and published by the Centers for Disease Control and Prevention this May, reported state-by-state variations in both death rates and the proportions of stroke decedents who die before transport to an emergency department.

The greatest proportion of stroke deaths in 1999 occurred among people aged 85 years or older (40.1%), followed by those aged 75-84 years (34.3%), those aged 65-74 years (14.4%), and those younger than 65 years (11.2%).

Ischemic strokes accounted for 68.3% of all stroke-related deaths; age adjusted death rates were higher for ischemic stroke than for all other stroke subtypes.

In 1999, almost 80,000 stroke deaths (47.6%) occurred before the patient was transported to the hospital or emergency room. Of those deaths, 52.2% were women and 40.3% were men. Kentucky's pretransport rate was 43.5% for the year. Almost 25% of stroke-related deaths among people under age 65 occurred before transport to a hospital or emergency department. The proportion of stroke-related deaths occurring in the emergency room of the hospital was higher for African-Americans than other race groups.

The study compiled data based on death certificates from state vital statistics offices. Stroke-related deaths are those for which the underlying cause listed on the death certificate is classified according to the *International Classification of Diseases, Tenth Revision* (ICD-10) codes 160-169. Stroke subtypes are defined as sub-arachnoid hemorrhagic stroke (160), intracerebral hemorrhagic stroke (161-162), ischemic (163-167), and sequelae of stroke (169).

Information from Centers for Disease Control and Prevention. "State-Specific Mortality from Stroke and Distribution of Place of Death—United States, 1999." MMWR 2002;51:429-433.

Guidelines Issued for Safeguarding Ventilation Systems from Terrorist Attacks

New guidelines for protecting ventilation systems in commercial and government buildings from chemical, biological, and radiological attacks have been issued by the federal Department for Health and Human Services (HHS). Released in May, the document provides recommendations that address securing ventilation systems, airflow and filtration, systems maintenance, program administration, and maintenance staff training.

The guidance offers reasonable and practical measures to reduce the likelihood of a contaminant attack and to minimize the impact if one occurs. It recommends that security measures be adopted for air intakes and return-air grilles, and that access to building operations systems and building design information be restricted. It also recommends assessing the emergency capabilities of systems' operational controls, closely evaluating filter efficiency, updating buildings' emergency plans, and adopting preventive maintenance procedures. The document also cautions against detrimental actions, such as permanently sealing outdoor air intakes.

According to the guidelines, protective measures should be designed to fit the individual building based on several factors, including the perceived risk associated with the building and its tenants, engineering and architectural feasibility, and cost.

The National Institute for Occupational Safety and Health (NIOSH) prepared the guidelines with input and review by the Office of Homeland Security's (OHS) Interagency Workgroup on Building Air Protection and more than 30 other federal, state, and local organizations, and professional associations.

Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks, DHHS (NIOSH) Publication No. 2002-139, is available on the NIOSH Web page at http://www.cdc.gov/niosh. Copies may be obtained by calling the NIOSH toll-free information number, 1-800-356-4674.

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2002 Public Health Practice Fall Conferences Scheduled

The following one-day conferences, with the overall theme of "Bioterrorism and Disaster Preparedness," have been planned and scheduled by the Public Health Education Advisory Committee:

Risk Communication

October 1
Kentucky Dam Village State Resort Park

Plans include breakout sessions on incident unified command systems, working with the media, and (pending) bioterrorism and anthrax from a risk communication perspective.

Environmental Issues

October 15
Jenny Wiley State Resort Park

Breakout sessions will cover food safety, special populations, environmental issues, and anxiety/post traumatic stress disorder.

Core Competencies in Disaster and Emergency Preparedness

October 25
Lake Cumberland State Resort Park

Breakout sessions will be conducted on core competencies for nurses in disaster and emergency preparedness, individual and community strategies for dealing with stress, family disaster planning, and (pending) MAPP.

Leadership

October 29
General Butler State Resort Park

Breakout session subjects will cover leadership in times of crisis, ethical problem solving, situational leadership, and (pending) MAPP.