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California Stories

Condoms-in-p*rn measure qualifies for next year's California ballot

Jim Miller, Sacramento Bee | 11.4

California voters could help decide the future of the state's multibillion-dollar adult film industry next November, weighing in on a newly qualified ballot measure that would require p*rn actors to wear condoms.

The California Safer Sex in the Adult Film Industry Act qualified for the November 2016 ballot on Wednesday based on a random sampling of the nearly 557,000 voter signatures that proponents filed in September, avoiding a full signature count.

"We now look forward to the next steps, both in the Legislature and before voters in November 2016, if necessary ... in the process of making this initiative the law of the land," Michael Weinstein, president of the AIDS Healthcare Foundation, the measure's sponsor, said in a statement. If the Legislature acts, Weinstein can decide to withdraw his measure until June 30, 2016.

Weinstein and his allies say condoms would help reduce the spread of sexually transmitted diseases among p*rn industry workers ill-protected by existing workplace safety rules. The initiative follows last year's legislative defeat of Assembly Bill 1576, a similar condom-mandate measure.

But the measure's opponents criticized it Wednesday as "extremely dangerous" and "unconscionable," saying it would prompt a wave of lawsuits against adult-film performers while pushing a legal industry underground.

Diane Duke, CEO of the industry's Free Speech Coalition, called the initiative unnecessary because p*rn actors already undergo regular testing for AIDS and other sexually transmitted diseases.

"There has not been an on-set transmission of HIV in the regulated adult industry since 2004," Duke said in a statement, slamming Weinstein as "more concerned with his personal moral crusade than the real-life concerns of adult performers."

Several thousand full- and part-time people work in the p*rn industry, with most of the business centered in Los Angeles and nearby cities. Recorded, streamed or real-time broadcasts of p*rn generate anywhere from several hundred million dollars in economic activity annually up to a few billion dollars, according to the Legislature's nonpartisan fiscal analyst.

Los Angeles County and state regulations already have rules on the books that require adult-film actors to wear condoms. But the Los Angeles County measure, approved by voters in November 2012, is tied up in court, and it's unclear when its provisions will be fully enforced.

Existing state regulations, meanwhile, require all employers to provide for a safe workplace, including adult-film producers. The safeguards "effectively require adult-film performers to use condoms or other protective equipment during intercourse," according to the Legislative Analyst's Office.

Proponents of the safer-sex initiative, though, say the state's workplace safety authorities haven't done enough. The November 2016 measure would enshrine the safe-sex rules in California statute, requiring film production companies to be licensed and report to the state, under penalty of perjury, that actors used condoms in a film. Violators would face fines of at least \$70,000.

The analyst's office estimated that the initiative, if approved, would cause some adult-film companies and actors to leave the state, while others would stay in California and make unregulated movies in secret.

Wednesday's qualification came as the p*rn industry criticized a new round of Cal-OSHA regulations for the industry. Besides wearing condoms, performers would have to wear gloves, goggles, dental dams and other skin protections to prevent contact with bodily fluids. A final vote on the draft rules is expected early next year.

"Because of one man's well-funded moral crusade, we're now talking about goggles and gloves for adult film, and p*rn stars being sued if they don't use a condom," Chanel Preston, an adult-film star who leads the Adult Performer Advocacy Committee, said in a statement.

The AIDS Healthcare Foundation has bankrolled the initiative campaign. Through Sept. 30, almost all of the \$1.47 million raised by the committee went to signature-gathering firms.

Four measures already are qualified for the November 2016 ballot.

View the story online: [Click here](#)

AHF Calls Out P*rn Industry Over Goggles Claim, other Scare Tactics on Updated OSHA Condom Regulations

Press Release, AHF, as reported by Business Wire | 11.4

As California's Division of Occupational Safety and Health (Cal/OSHA) moves closer to finalizing a years-long effort to amend and clarify Cal/OSHA's Bloodborne Pathogens standard (Section 5193.1) in order to better protect adult film workers regarding the use of condoms in adult films shot in California, AIDS Healthcare Foundation (AHF)—a fierce advocate for improved adult film worker safety—is calling out the adult film industry and its producers' trade group, the Free Speech Coalition (FSC) over its ongoing misleading and fear mongering claims about what the updated Cal/OSHA regulations actually entail.

FSC's fear mongering tactics resurfaced again on Monday in comments made by Diane Duke, CEO of FSC, to Los Angeles Daily News reporter Susan Abram. The November 2nd [article noted](#), *"The safety standards were updated after five years of public hearings and debates but adult film performers said the newer set of regulations would make sex scenes look like medical dramas."* Duke told Abram, *"Asking adult performers to wear goggles is up there with asking ballerinas to wear boots. It does not only not match the threat, it effectively prohibits production in California."*

Fact Versus Fiction: Cal/OSHA's Proposed Updated Bloodborne Pathogens Standards

Following is a list of false claims about the proposed updated Cal/OSHA regulations made by the p*rn industry and its producers' trade group, the Free Speech Coalition over the past few years as OSHA worked to update its Bloodborne Pathogens standards. With each falsehood put forth by the industry, there is also a factual counterpoint, including descriptions of what the regulations will actually entail.

Claim: Cal/OSHA's proposed updated Bloodborne Pathogens Standard will require goggles in adult films.

Fact: According to Dr. Jeffrey Klausner, Professor of Medicine and Public Health at the UCLA David Geffen School of Medicine, “The proposed language does not include the word ‘goggles’ anywhere. Only the current standard, Section 5193, cites goggles as a type of personal protective equipment because the language covers all types of industry workers in California. If anything, proposed Section 5193.1 demonstrates Cal/OSHA’s willingness to update existing regulations to specifically address safety and health in an industry as unique as adult films.” ([The June 2, 2015 press release can be viewed here.](#))

Claim: Adult film workers are independent contractors, not employees.

Fact: Adult film workers are employees and therefore protected under the California Code of Regulations, which mandates condoms in adult films. The California Occupational Safety and Health Administration (Cal/OSHA) is tasked with protecting workers throughout California. While many adult film workers are paid as independent contractors, a California Occupational Safety and Health Appeals Board ruled in 2015 that adult film workers meet the legal conditions to be considered employees.

Claim: The adult film industry requires rigorous STD testing.

Fact: STD testing in the adult film industry is voluntary and does not meet medical recommendations. Some studios require adult film workers to get tested for STDs every two weeks, some studios require adult film workers to get tested monthly, and some studios do not require adult film workers to get tested at all. In addition, the Free Speech Coalition’s STD testing scheme does not test for all infections and does not test all anatomical sites.

Claim: There has been no HIV transmission in the adult film industry since 2004.

Fact: An adult film worker contracted HIV on an adult film set as recently as 2014. According to the California Department of Public Health, an adult film worker who had tested at a Free Speech Coalition-approved testing facility within the past 14 days infected another adult film worker on set because condoms were not provided. The California Department of Public Health presented the investigation of this on-set transmission at the Council of State and Territorial Epidemiologists Annual Conference on June 17, 2015. ([The abstract and presentation can be viewed here.](#))

Claim: Adult film workers are consenting adults and should decide whether or not to use condoms.

Fact: Adult film producers must require condoms on set when adult film workers get paid to work. According to existing Cal/OSHA decisions, adult film producers are officially employers and adult film workers are officially employees. As employers, adult film producers are expected to comply with existing workplace health and safety regulations to protect their employees just like any other industry in California.

Claim: The adult film industry was ignored during discussions surrounding proposed Section 5193.1.

Fact: The adult film industry was well-represented and spoke at all meetings conducted by Cal/OSHA between 2009 and 2015. All comments submitted by the Free Speech Coalition on May 21, 2015 to the Cal/OSHA Standards Board were responded to by Cal/OSHA.

View the story online: [Click here](#)

National Stories

Too Few Preteen Girls Get HPV Vaccine, CDC Says

Robert Preidt, HealthDay | 10.29

HPV vaccination rates among American girls remain too low, a new U.S. government study says.

The vaccine protects against infection with the sexually transmitted human papillomavirus (HPV), which can cause cancers of the cervix, vulva, vagina and anus.

"Increasing delivery of HPV vaccination at the recommended ages of 11 or 12 years, before most adolescents are exposed to the virus, can ensure adolescents are protected against HPV infections and associated cancers," according to the report from the U.S. Centers for Disease Control and Prevention.

Researchers from the CDC and the National Committee for Quality Assurance analyzed vaccination data on more than 626,000 girls at age 13 enrolled in either private insurance plans or Medicaid in 2013.

All three doses of HPV vaccine were given to a median of 12 percent of privately insured girls and 19 percent of those covered by Medicaid, the publicly funded insurance program for the poor. Rates in different programs ranged from zero to 34 percent for those with private coverage, and 5 percent to 52 percent for girls with Medicaid.

"HPV vaccination coverage has been lower than that observed for other vaccines recommended for adolescents," the researchers said. Doctors should offer HPV vaccination the same way and the same day they recommend other vaccines for teens, they said.

"Knowledge of barriers and attitudes of clinicians or family members that might contribute to low vaccination coverage" will help improve compliance with the recommendations, the researchers said in the CDC's Oct. 28 Morbidity and Mortality Weekly Report.

Other CDC research published Oct. 26 in Pediatrics revealed that many 11- and 12-year-old boys aren't getting the recommended HPV vaccine, either. That report said doctors often fail to recommend it or adequately explain its benefits to parents.

Not only are unvaccinated teens vulnerable to HPV infection themselves, they can also transmit the cancer-causing virus to others, experts say.

About 14 million new cases of HPV infection are diagnosed in the United States each year, according to the CDC.

SOURCE: U.S. Centers for Disease Control and Prevention, news release, Oct. 29, 2015

View the story online: [Click here](#)

\$2.2 billion Awarded To Ryan White HIV/AIDS Program

Rina Marie Doctor, Tech Times | 11.2

The U.S. Department of Health & Human Services (HHS) announced on Saturday, Oct. 31 that it will award \$2.2 billion to the Ryan White HIV/AIDS Program for the fiscal year, 2015-2016 so as to help states, organizations and local communities in the fight against HIV/AIDS.

The awarded fund is a testament of the agency's support to the coordinated and in-depth care system to guarantee that essential care tools, services and medicines continue to be available to more than 500,000 people diagnosed Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) in the U.S.

The HHS department responsible for the Ryan White HIV/AIDS Program is the Health Resources and Services Administration (HRSA), which offers varied care and treatments that assist and maximize favorable prognosis as part of a U.S. public health response to the disease.

"Over the last quarter century, the Ryan White HIV/AIDS Program has played a critical role in the United States' public health response to HIV," said HHS Secretary Sylvia M. Burwell. She added that the funds will instigate a change among the most vulnerable populations, who have insufficient medical care coverage or finances.

James Macrae, acting administrator of HRSA said that in the last 25 years, the Ryan White HIV/AIDS Program has paved the way for patients to move across the HIV care continuum, which is a strategy that aids communities in planning and providing emergency and long-term health services. He added that 81 percent of the patients under the program were preserved in care and 78 percent were virally subdued. "This improves clinical and public health outcomes by preserving health, extending life expectancy, and reducing HIV transmission."

Ryan White was a 13-year-old student, who was kicked out of his Indiana school after being diagnosed with AIDS in 1984. He contracted the disease after undergoing transfusion of contaminated blood. His doctors told him that he had six months to live but surprisingly survived for another six years.

During the 1980s, little was known about AIDS. Aside from that, social stigma was very strong hence, the school feared that White could cause health risks to his fellow students, teachers and other school staff.

At present, medical professionals believe that White would not pose hazards to other students due to his disease. HIV and AIDS is stereotyped to be a disease for homosexual males. White's story contributed to breaking this stigma.

After 25 years, Ryan White continues to live on and help raise awareness and funds in the battle against HIV and AIDS.

View the story online: [Click here](#)

Gilead Seeks FDA Approval for Hep C Treatment for All Genotypes

As reported by aidsmeds.com | 10.30

Gilead Sciences has filed a new drug application with the U.S. Food and Drug Administration (FDA) for approval of the once-daily, fixed-dose combination tablet of Sovaldi (sofosbuvir) and the investigational drug velpatasvir to treat those with genotypes 1 through 6 of hepatitis C virus (HCV). The application is backed up by clinical trials that tested 12 weeks of Sovaldi/velpatasvir among participants with the same range of genotypes, including those with compensated cirrhosis, as well as 12 weeks of the tablet plus ribavirin among participants with decompensated cirrhosis, the more advanced form of the liver disease.

Sovaldi, approved in December 2013, is a nucleotide analog polymerase inhibitor and is included in Gilead's blockbuster hep C combination tablet treatment Harvoni (ledipasvir/sofosbuvir), which is approved to treat genotype 1 of the virus. Velpatasvir is a pan-genotypic (meaning it affects all genotypes of hep C) NS5A inhibitor. Ledipasvir, the other drug in Harvoni, is also an NS5A inhibitor, but not pan-genotypic.

"As the first fixed-dose combination of two pan-genotypic, direct-acting antivirals, [Sovaldi/velpatasvir, or SOV/VEL] represents an important step forward in the treatment of patients with hepatitis C," Norbert Bischofberger, PhD, executive vice president of research and development and chief scientific officer at Gilead, said in a press release. "Genotype 1 is the most prevalent form of HCV in the United States; but worldwide, more than half of people living with HCV are infected with other genotypes. SOF/VEL complements our current HCV portfolio of Sovaldi and Harvoni, offering high cure rates and the potential to simplify treatment and eliminate the need for HCV genotype testing."

The FDA has already given Sovaldi/velpatasvir a breakthrough therapy designation, which is given to investigational therapies that may offer major advances over existing treatments.

Gilead's application for FDA approval of the treatment is supported by the four Phase III ASTRAL trials, which boasted excellent cure rates. For the most part, between 94 and 100 percent of participant groups were cured, which is comparable to the success rates seen in clinical trials of Harvoni as well as AbbVie's Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir) and Technivie (ombitasvir/paritaprevir/ritonavir). The ASTRAL-4 trial results suggest that such a high success rate for those with decompensated cirrhosis will likely require their taking ribavirin in addition to Sovaldi/velpatasvir.

The strong results of the ASTRAL trial, coupled with the fact that Sovaldi/velpatasvir can be used among all genotypes, puts Gilead in a position to continue dominating the hep C market in 2016.

To read a Gilead press release on the FDA application, [click here](#).

View the story online: [Click here](#)

Gonorrhea Becoming More Resistant to One Antibiotic: CDC

Other effective treatments remain available, but experts say finding is cause for concern

Alan Mozes, HealthDay | 11.3

One of several antibiotic treatment options for the sexually transmitted disease gonorrhea seems to be losing its effectiveness, U.S. health officials warn in a new report.

The U.S. Centers for Disease Control and Prevention's latest tracking suggests that although resistance to the antibiotic treatment cefixime went down between 2011 and 2013, it started to creep back up in 2014.

The good news is that cefixime isn't usually the first drug of choice for treating gonorrhea infections. The CDC's most recent guidelines for gonorrhea treatment (issued in 2012) recommend only using cefixime when the preferred option -- ceftriaxone-based combination therapy -- isn't available. And the CDC's new report doesn't indicate any recent waning in the effectiveness of that combination therapy.

Still, indications of antibiotic resistance among any gonorrhea treatment is considered troubling, the study authors said.

"It is essential to continue monitoring antimicrobial susceptibility and track patterns of resistance among the antibiotics currently used to treat gonorrhea," said study lead author Dr. Robert Kirkcaldy, an epidemiologist in the CDC's division of STD prevention in Atlanta.

"Recent increases in cefixime resistance show our work is far from over," he said.

The study findings are published as a research letter in the Nov. 3 issue of the Journal of the American Medical Association.

The CDC noted that gonorrhea is spread during unprotected vaginal, anal or oral sex. The sexually transmitted infection is particularly common among youth and young adults between the ages of 15 and 24.

Many people have no symptoms when infected. When symptoms do occur, they may include a painful or burning sensation when urinating; painful, swollen testicles and discolored discharge from the penis among men. In women, symptoms may include increased vaginal discharge and vaginal bleeding between periods. Rectal infections may spark soreness, itching, bleeding, discharge, and painful bowel movements, the CDC said.

If gonorrhea goes untreated, "serious health complications" can result, Kirkcaldy said. Those can include chronic pelvic pain, infertility and life-threatening ectopic pregnancy -- an abnormal pregnancy that occurs outside of the uterus. In rare cases, gonorrhea can spread to your blood or joints, causing a potentially life-threatening infection, the CDC warned.

But when identified, antibiotics can provide an effective cure for those with gonorrhea.

The new CDC study looked at treatment outcomes among male gonorrhea patients who had been treated at public clinics across the United States between 2006 and 2014.

More than 51,000 samples were gathered across 34 cities. About one-third were collected in the western United States and one-third collected in the South. A little more than a quarter of the samples were drawn from men who either identified as gay or bisexual, the study said.

The investigators found that the CDC's 2012 shift away from recommending cefixime and toward ceftriaxone-based combination therapy had a profound impact: while the combination therapy had

been given to less than 9 percent of the patients in 2006, that figure shot up to nearly 97 percent by 2014.

Alongside that shift, the team found that cefixime-resistance went up from 0.1 percent in 2006 to 1.4 percent in 2011, and then back down to 0.4 percent in 2013. But by 2014 resistance trended upward to 0.8 percent, the research revealed.

What does this mean? "Trends of cefixime susceptibility have historically been a precursor to trends in ceftriaxone," said Kirkcaldy. "So it's important to continue monitoring cefixime to be able to anticipate what might happen with other drugs in the future."

Dr. Kirsten Bibbins-Domingo, co-vice chair of the U.S. Preventive Services Task Force in Rockville, Md., emphasized the importance of routine screening.

"The task force recommends screening for gonorrhea in sexually active women age 24 years or younger, and in older women who are at increased risk for infection," she said.

The task force doesn't advocate for or against screening for men, saying more research is needed to prove effectiveness. However, Kirkcaldy said that the "CDC recommends an annual gonorrhea screening for high-risk sexually active women and for sexually active gay, bisexual, and other men who have sex with men."

SOURCES: Robert D. Kirkcaldy, M.D., M.P.H., epidemiologist, division of STD prevention, U.S. Centers for Disease Control and Prevention; Kirsten Bibbins-Domingo, co-vice chair, U.S. Preventive Services Task Force, Rockville, Md., and professor, school of medicine, University of California, San Francisco; Nov. 3, 2015, Journal of the American Medical Association

View the story online: [Click here](#)

Stigma Keeps Many Gay Latinos Off HIV Prevention Pill

Adrian Florido, NPR | 11.4

Earlier this year, Victor Barillas decided to get on the HIV prevention pill called Truvada. When taken every day, the pill is nearly 100 percent effective in blocking the transmission of HIV, even through unprotected sex.

Sitting in the doctor's office, Barillas whipped out his phone and posted a status update on Facebook: Doc, please give me Truvada.

Within minutes, Barillas remembers, his ex-boyfriend had sent him a message.

"And he said, 'Wow, really? You're just being out there and open about Truvada? That's kind of something private.'"

It was the kind of response Barillas had come to expect. He said most of his gay Latino friends looked down on the drug, labeling men who took it as "whores." Why take Truvada if not to be promiscuous, they thought?

Barillas had considered taking Truvada before. As a gay, sexually active Latino, he knew that statistically he was at higher risk than most gay men to contract HIV. The stigma had kept him off the drug. He said it's kept a lot of his gay friends off the drug, but especially his Latino friends.

"Growing up as young children, you're taught family values," Barillas said. "I was actually raised Catholic and was an altar boy for years. I grew up with a mother who was all about having a family, and being a traditional Latino male."

Since the Food and Drug Administration approved Truvada for HIV prevention in 2012, stigma has been one of the biggest barriers health advocates have faced in their effort to get more Latinos to take the drug, which is also referred to as pre-exposure prophylaxis, or PrEP.

Richard Zaldivar runs The Wall Las Memorias, a Los Angeles nonprofit that works with gay and bisexual Latinos. Last year it hosted a community town hall to educate gay Latinos and their families about PrEP.

"There's a lot of fear and stigma still around talking openly about sex and their identity," Zaldivar said. "So if they're not at that point, it's hard for someone to ... tell the doctor, hey I need [PrEP], because I'm an active sexual player."

Stigma is not the only factor keeping Latinos off the HIV prevention pill. Truvada, the only drug currently approved as PrEP, costs \$1,300 a month. Though it's covered by most insurance plans and by Medicaid, many Latinos remain uninsured, keeping the drug out of reach. As its name suggests, pre-exposure prophylaxis is a preventive strategy, but Latinos tend to avoid seeing the doctor until they're sick. Many doctors remain unaware of what PrEP is or which patients are good candidates for the drug.

For Zaldivar, however, all of these issues are moot if gay Latinos are unwilling to embrace their sexuality. Being ashamed of who they are makes them less likely to take steps to protect themselves, he said.

Every Tuesday evening, Zaldivar welcomes a couple of dozen men to the converted two-story house in northeast Los Angeles from which he runs his nonprofit. Over food, the guys talk about issues they face as gay Latinos. The meetings are a kind of support group for men grappling with their sexual identity.

It was at one of these meetings, over the summer, that Victor Barillas first told the group that Truvada had saved him.

"Two weeks after being on the medication, I met this man that I began having sex with," Barillas recalled. "And at first we did use protection. And then we didn't."

One morning, the man sent Barillas a text and asked to speak with him by phone. He told Barillas that he'd tested positive for HIV, and that Barillas had been his only sexual partner for months.

Barillas rushed to get tested. He was negative.

"I definitely believe that Truvada kept me negative," Barillas said, "because I honestly believe that, thinking about the sex that we had, that I would be HIV positive."

The night that Barillas shared this story with the support group, he looked over at one of his friends in the room, Joey Ponce de Leon. Ponce de Leon was one of the guys who openly criticized men on Truvada as "whores." But now, after hearing Barillas' story, he was crying.

"I felt extremely bad," Ponce de Leon recalled recently, "because here I was condemning it, and I was kind of like, wow, I could've lost him. And I apologized to him."

Ponce de Leon said it took some reflection to realize that his rush to judge men on Truvada stemmed from his own struggle growing up gay in a traditional, religious Latino family.

"Growing up, I couldn't be that particular person that I wanted to be," he said. "And I knew that I was either going to go to hell, or whatever, if I did do that." The fear of HIV was always lurking.

In Truvada, he said he saw a drug that allowed men to feel more comfortable in their sexuality than he ever did, and he resented it.

All that changed when he realized that Truvada had probably saved his friend. Though he's in a committed relationship and doesn't take PrEP himself, he said he, like Barillas, has become a PrEP advocate.

View the story online: [Click here](#)

Chlamydia rampant at Texas abstinence-only high school

Glenn Choeder, KRMG | 11.3

The superintendent of schools in Crane, Texas is rethinking the districts sexual education curriculum, after learning that 20 of the high school's 300 students have tested positive for chlamydia.

Jim Rummage told television station KFOR, "We do have an abstinence curriculum, and that evidently ain't working. We need to do all we can, although it's the parents' responsibility to educate their kids on sexual education."

The Centers for Disease Control and Prevention isn't mincing any words, calling the outbreak a health issue of epidemic proportions.

NYdailynews.com reports letters went home to parents last week, alerting them of the outbreak.

Chlamydia can result in permanent damage to a woman's reproductive system, if left untreated.

Crane, population 3,000, is located south of Odessa, in west.

View the story online: [Click here](#)

Syphilis up 53% in Indiana, most cases in gay men

As reported by Outbreak News Today | 11.1

Indiana state health officials are urging healthcare providers to educate patients about their risks of syphilis and to be aggressive about testing and treatment following a sharp increase in the number of infectious syphilis cases being reported across the state this year.

Preliminary data show 357 early syphilis cases, or those less than a year in duration, were reported between Jan. 10 and Oct. 3 of this year, a nearly 53 percent increase from the 234 diagnosed during the same period in 2014. Most cases have occurred among men who have sex with men, but heterosexual cases are also being identified. The number of cases of congenital syphilis among pregnant women also has increased.

“This is an alarming increase in the number of people being diagnosed with a preventable and curable disease,” said State Health Commissioner Jerome Adams, M.D., M.P.H. “We are working closely with local health officials, Disease Intervention Specialists and health care providers to ensure that people are educated about their risks and receive early testing and treatment so we can stop this disease in its tracks.”

Syphilis is a sexually transmitted infection that is spread by direct, skin to skin contact during unprotected sex. Pregnant women who are infected can transmit it to their unborn babies.

View the story online: [Click here](#)

Scientific Papers/Conference Abstracts

Prevalence of and Factors Associated with Rectal-Only Chlamydia and Gonorrhoea in Women and in Men Who Have Sex with Men

Van Liere GAFS, van Rooijen MS, Hoebe CJPA, et al. *PLOS One* 2015; DOI: 10.1371/journal.pone.0140297

Background:

Both anorectal Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) can occur as a rectal-only infection or concurrently with simultaneous urogenital infection with the same pathogen. Characterising the target groups in which rectal-only infections occur may improve the efficacy of screening practices.

Methods:

We analysed data from two Dutch outpatient sexually transmitted infection (STI) clinics between 2011 and 2012. We included all men who have sex with men (MSM) (n = 9549) and women (n = 11113), ≥18 years, who had been tested for anorectal and urogenital CT and/or NG (either as a result of reporting anal sex/symptoms or via routine universal testing). Factors associated with rectal-only CT and NG infections were assessed using univariable and multivariable logistic regression.

Results:

In MSM, anorectal CT prevalence was 9.8% (693/7094), anorectal NG prevalence was 4.2% (397/9534). In women this was 9.5% overall (439/4597) and 0.9% (96/10972) respectively. Anorectal CT prevalence among women who were routinely universally tested was 10.4% (20/192), for selective testing this was 9.5% (419/4405) (p = 0.68). Anorectal NG infections were not detected among women who were routinely universally tested (p = 0.19). Among CT or NG positive MSM, rectal-only CT infections were

found in 85.9% (595/693), for NG this was 85.6% (340/397) respectively. In positive women these figures were 22.1% (97/439) for CT and 20.8% (20/96) for NG, respectively. In MSM, independent factors associated with rectal-only CT were: being a sex worker (OR0.4, CI0.2–1.0), exclusively having sex with men (OR3.4, CI1.7–6.8), and absence of urogenital symptoms (OR0.2, CI0.2–0.4). In women, these factors were: older age (OR2.3, CI1.3–4.0) and non-Western nationality (OR1.8, CI1.0–3.5). Factors associated with rectal-only NG in MSM were: having been warned for STIs by an (ex) partner (OR2.9, CI1.1–7.5), oropharyngeal NG infection (OR2.4, CI1.0–5.3), and absence of urogenital symptoms (OR0.02, CI0.01–0.04), while in women no significant factors were identified.

Conclusions:

The prevalence of anorectal CT and NG was substantial in MSM and prevalence of anorectal CT was also substantial in women. Anorectal infections occurred mostly as rectal-only infections in MSM and mostly concurrent with other infections in women. Given the lack of useful indicators for rectal-only infections, selective screening based on a priori patient characteristics will have low discriminatory power both in relation to MSM and women.

View the paper online: [Full paper](#)

Assessing the Changing Landscape of Sexual Health Clinical Service After the Implementation of the Affordable Care Act.

Mettenbrink C, Al-Tayyib A, Eggert J, et al. *Sex Transm Dis* 2015; [Epub ahead of print]

Introduction:

Federal health reform has the potential to impact many public health services, especially sexual health clinics. To assess the impact of such reform within the Denver Sexual Health Clinic (DSHC), we conducted a survey of patients to better understand our client population and their care-seeking behavior.

Methods:

Survey data were collected from patients attending the DSHC at 3 different points in time to ascertain insurance status, reasons for not having insurance, reasons for choosing care at the DSHC, and health care use over the past 12 months.

Results:

A total of 1603 surveys were completed. Forty-two percent of participants were enrolled in health insurance at the time of visit. The percentage of patients with Medicaid increased more than 200% across the survey cycles. Cost was the main reason cited for not having insurance. Participants identified confidentiality and convenience among the top reasons for seeking care at the DSHC regardless of sex or insurance. Although there was no difference in health care use for sexual health services, individuals with health insurance were more likely to have used nonsexual health services in the past 12 months than those without insurance.

Conclusions:

Patients continue to visit the DSHC despite having health insurance. Sexual health clinics must work to understand what drives people to seek care so that they can better prepare for the future.

View the paper online: [Abstract](#)

Effects of Brief Messaging About Undiagnosed Infections Detected through HIV Testing Among Black and Latino Men Who Have Sex With Men in the United States.

Mansergh G, Miller P, Herbst J, et al. *Sex Transm Dis* 2015; [Epub ahead of print]

Abstract:

We examined intent to get tested for HIV infection and use condoms among n = 604 uninfected black and Latino men who have sex with men after receiving brief information messaging that 1 in 10 minority men who have sex with men had HIV infection and did not know it. Information awareness, newness, believability, HIV testing cost willingness, and associated demographic variables were also assessed.

View the paper online: [Abstract](#)

Adaptation of the HIV Care Continuum as a Method for Evaluating Syphilis and Gonorrhea Disease Control Activities in Los Angeles County.

Murphy RD, Wohl AR, Ma Y, et al. *Sex Transm Dis* 2015; [Epub ahead of print]

Background:

Treatment verification and contact elicitation are core approaches used to control the spread of sexually transmitted diseases (STDs). Methodology adapted from the HIV care continuum is presented as an evaluation and communication tool for STD control activities.

Methods:

Sexually transmitted disease surveillance and program data for Los Angeles County in 2013 were used to construct a 2-part continuum to examine syphilis (all stages) and gonorrhea outcomes among index patients and elicited contacts. The Index Case Continuum (Part 1) assesses the proportion of patients who were treated, assigned for interview, interviewed, and provided name and locating information for at least 1 contact. The Elicited Contact Continuum (Part 2) assesses the proportion of contacts who were located, interviewed, and treated.

Results:

Among 3668 patients with syphilis, 97% (n = 3556) were treated, 72% (n = 2633) were interviewed, and 25% (n = 920) provided name and locating information for at least 1 contact. The corresponding numbers for 12,541 gonorrhea cases were 95% (n = 11,936), 45% (n = 5633), and 16% (1944), respectively. Among the 1392 contacts elicited from syphilis cases, 53% (n = 735) were either interviewed or determined to not need an interview and 43% (n = 595) were treated. The corresponding numbers for the 2323 contacts elicited from gonorrhea cases were 53% (n = 1221) and 46% (n = 1075), respectively.

Conclusions:

Adaptation of the HIV continuum is a useful tool for evaluating treatment verification and contact elicitation activities. In Los Angeles County, this approach revealed significant drop-offs in the proportion of index cases naming contacts and in the proportion of contacts who are interviewed and treated.

View the paper online: [Abstract](#)

Evaluating Quality of Care for Sexually Transmitted Infections in Different Clinical Settings.

Sequeira S, Morgan JR, Fagan M, et al. *Sex Transm Dis* 2015; [Epub ahead of print]

Background:

We examined quality of care across different clinical settings within a large safety-net hospital in Massachusetts for patients presenting with penile discharge/dysuria or vaginal discharge.

Methods:

Using a modified Delphi approach, a list of sex-specific sexually transmitted infection (STI) quality measures, covering 7 domains of clinical care (history, examination, laboratory testing, assessment, treatment, additional screening, counseling), was selected as standard of care by a panel of 5 STI experts representing emergency department (ED), obstetrics/gynecology (Ob/Gyn), family medicine (FM), primary care (PC), and infectious disease. Final measures were piloted with 50 charts per sex from the STI Clinic and age, sex, and visit date-matched charts from PC, FM, ED, and Ob/Gyn. Performance was scored as compliance among individual measures within 7 domains, standardized to add up to one to adjust for variable number of measures per domain, with an overall score of 7 indicating complete adherence to standards.

Results:

Expert review process took 2 weeks and resulted in 24 and 34 final measures for male and female patients, respectively. Performance on 7 clinical domains ranged from 3.16 to 4.36 for male patients and 3.17 to 4.33 for female patients. Sexually transmitted infection clinic seemed to score higher on laboratory testing, additional screening, and counseling, but lower on examination and assessment, and ED seemed to score higher on examination and treatment, PC and FM on laboratory testing for male patients and on examination and treatment for female patients, and Ob/Gyn on treatment.

Conclusions:

An instrument to discern standard of care and identify strengths and weaknesses in specific domains of clinical documentation for patients presenting with STI complaints can be developed and implemented for quality evaluation across care settings. Further research is needed on whether these findings can be integrated into site-specific quality improvement processes and linked to cost analyses.

View the paper online: [Abstract](#)

Resources, Webinars, & Announcements

Online registration for NHPC extended!

Online Registration for NHPC 2015 Extended!

Two important announcements regarding NHPC 2015 registration:

- Online registration has been extended until Monday, November 16. After the 16th, all registrations will only take place onsite.
- If you would still like to take advantage of discount registration, be sure to register by **November 6!**

Visit the [conference website](#) to get started.

Final Reminders about Hotel Reservations

- Hotel blocks at both the Hyatt Regency Atlanta and Atlanta Marriott Marquis have been extended! Reservations through the [online conference block](#) can be made until November 9 for the Hyatt and November 13 for the Marriott.
- Remember to mention *NHPC* if calling the hotels directly to secure reservations.

Visit the conference website to [book at either hotel](#).

Now Available: Materials from the NCSO 2015 Annual Meeting

The NCSO 19th Annual Meeting took place October 27-30, 2015 in Savannah, GA and was our largest Annual Meeting yet!

A complete agenda, participant list and all presentations are [provided on the website](#).

For more information: [Click here](#)

WEBINAR: LARCs and More: A Comprehensive Contraceptive Update

CFHC

DATE: Nov. 30

TIME: 12:00 PM – 1:00 PM PST

Event Price: \$40

Presenter: Erin Saleeby, MD, MPH, Medical Director, California Family Health Council and Director of Women's Health Programs and Innovation for LA County Department of Health Services

What will you learn?

This session will review the latest developments in contraceptive practice, including a description of the available FDA-approved methods and emergency contraception. The discussion will include strategies for applying the latest evidence-based recommendations for contraceptive management across all tiers of effectiveness and will consider factors that affect contraceptive efficacy in certain patients. Techniques for utilizing the U.S. Medical Eligibility Criteria (MEC) and the Selected Practice Recommendations for Contraceptive Use will also be discussed and how these tools can facilitate shared decision making that helps women choose the best contraceptive method for them to reduce unintended or unplanned pregnancy.

After this session participants will be able to:

- Describe the benefits, risks, and side effects of the available contraceptive methods
- Utilize a tiered effectiveness counseling approach to introduce patients to all of their contraceptive options in a time-sensitive manner
- Utilize the U.S. Medical Eligibility Criteria (MEC) and the Selected Practice Recommendations for Contraceptive Use to assist women with specific medical conditions in choosing an appropriate contraceptive option

Who should attend?

- Physicians
- Clinicians
- Nurses
- Certified Nurse Midwives
- Family Planning Staff
- Medical Assistants
- Health Educators + Counselors

Continuing Education This webinar will include CEUs for CME, Nursing, CHES and Social Work/MFT.

For more information: [Click here](#)

Aaron Kavanaugh

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