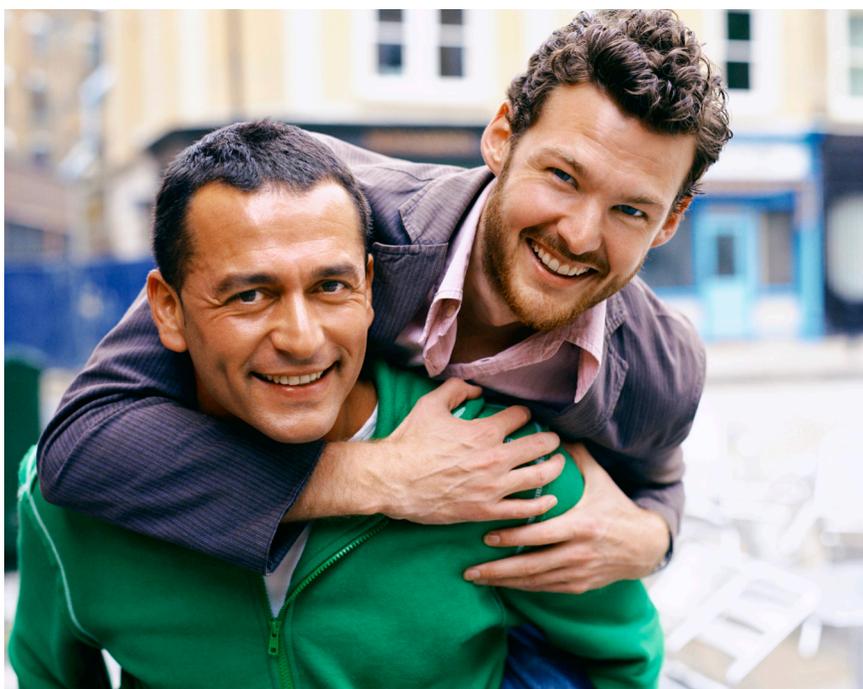


INDIAN HEALTH SERVICE STD NEWSLETTER

STD AWARENESS MONTH SPECIAL ISSUE

APRIL 17, 2018



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DISCLAIMER: The findings expressed in this publication are those of the authors and do not necessarily reflect the views of the Indian Health Service.

April is STD Awareness Month

BY ANDRIA APOSTOLOU, PHD, MPH, IHS NATIONAL STD PROGRAM LEAD, DIVISION OF EPIDEMIOLOGY AND DISEASE PREVENTION, IHS

April is recognized as Sexually Transmitted Disease (STD) Awareness Month and brings attention to the nearly 20 million new STDs that occur in the United States each year. The theme for this year's STD Awareness Month is "Treat Me Right," which focuses on the relationship between healthcare providers and their patients. For providers, "Treat Me Right" is an opportunity to ensure that they have the needed tools to properly detect and treat infections. It also, however, presents an opportunity to share resources about how to build door-to-door trust with patients that extends from the waiting room to the exam room, as well as how to engage with patients in a way that makes them feel heard and respected. This year's theme also opens the door to encourage patients to learn about STDs and STD prevention, but just as importantly, to empower them to ask their provider what they can do – and how they can work together – to stay safe and healthy. The CDC's STD Awareness month website contains resources for patients and providers including fact sheets, brochures, STD testing site locators, "Treat Me Right" graphics, sample tweets and Facebook posts.

While STDs affect all racial and ethnic groups, American Indian/Alaska Native (AI/AN) populations bear a disproportionate burden. In October 2017, the Centers for Disease Control and Prevention (CDC) released its latest Sexually Transmitted Diseases Surveillance Report with data through 2016, showing for the third year overall increasing rates for chlamydia, gonorrhea and syphilis. While STDs can impact anyone, the CDC report underscores how disparities are deeper

ning for the hardest-hit and most vulnerable groups including youth aged 15-24, gay, bisexual and other men who have sex with men (MSM) and pregnant women and their infants. The report identifies the following key findings for the AI/AN population:

- ▶ The chlamydia rate for AI/AN in 2016 was 749.8 cases per 100,000 population, an increase of 5 percent from 2015. The chlamydia rate among AI/AN is 3.8 times the rate among Whites, mostly impacting AI/AN women between 15-24 years of age.
- ▶ In 2016, the gonorrhea rate for AI/AN was 4.4 times the rate among Whites, an increase of 26 percent from 2015. The disparity was larger for AI/AN women than for AI/AN men and larger in the Midwest than in the West, Northeast, and South.
- ▶ There was a 43 percent increase in the rates of Primary & Secondary (P&S) syphilis among AI/AN during 2015-2016 with again the disparity larger for AI/AN women than for AI/AN men.
- ▶ There was an increase of congenital syphilis rates observed among AI/AN during 2015-2016 with rates among AI/AN 6 times the rate among Whites.

In an effort to stem the rising rates of STDs in Indian Country, the IHS National STD Program, in collaboration with CDC has developed surveillance reports and additional technical assistance resources that can be used as-is or adapted by individuals and clinicians to guide local STD screening and treatment efforts. These resources include sample policies and pro-

ocols that are available to sites to adopt or adapt based on site's needs and local epidemiology. National EHR reminders prompting STD screenings for targeted patient groups are available for deployment at local sites to improve chlamydia and other STD screening rates. Policies and standing orders, the consistent use of clinical reminders in the Electronic Health Record (EHR), and patient and provider education are important and proven interventions for improving STD screening rates and disease prevention. Since many STDs are asymptomatic, routinely screening high risk groups and treating people with STDs and their partners are also key strategies for preventing new infections.

The IHS National STD program is committed to continue raising awareness of STDs as a high priority health issue and supporting partnerships, collaborations, policies and education that help reduce the impact of sexually transmitted diseases in Indian Country. In this special issue of the IHS STD newsletter you can find information on success stories of STD prevention in Indian Country, an interprofessional approach to improve HPV prevention, resources on how to reach youth and provider trainer opportunities and announcements of upcoming trainings. A literature summary to highlight recent articles addressing STDs among AI/AN is also presented.

We encourage you to share this information with your colleagues, outreach to your patients regarding STDs and to leverage the momentum spurred by the STD Awareness month observance to bring a renewed focus to your STD prevention efforts.

SHARE WITH YOUR COLLEAGUES:

Sign up for the IHS National STD Program Listserv [here](#).

CONTACT THE IHS NATIONAL STD PROGRAM:

Email us at epidemiology@ihs.gov, fill out our [form](#), or visit our [website](#).

Highlight of the CDC STD Awareness Month Campaign



The Centers for Disease Control and Prevention has announced that the 2018 STD Awareness Month theme for April is “Treat Me Right,” focusing on the relationship between healthcare providers and patients. With STDs at a record high in the United States, working together has never been more important. As you are mapping out your STD Awareness Month plans, take a look at the following tools for your use:

- ▶ The STD Awareness Month [website](#) has been overhauled for 2018 to flesh out this year’s theme and includes key messages and resources for patients and providers alike.
- ▶ CDC [prevention resources](#) to share with your partners, member groups, communities, and others or to post to your website! There are updated fact sheets, brochures, online banners, STD testing site locators and much more.
- ▶ [Syndicated website content](#) for your use to ensure your website contains the most recent CDC STD information.
- ▶ [Sample tweets and Facebook posts](#) to use throughout April for those of you on social media. Please use #STDMonth18 and #TreatMeRight when promoting STD Awareness Month.
- ▶ [Treat Me Right graphics](#) for your website to help promote this year’s theme. Profiles and cover/header images are also available for your Twitter and Facebook pages!
- ▶ A [Thunderclap](#), in which you can participate and help amplify Treat Me Right messages across multiple social media platforms (see the [Thunderclap](#) website for more information).



Looking for culturally-relevant sexual health lesson plans? Check out: www.HealthyNativeYouth.org. The site was designed to empower AI/AN communities to select and implement evidence-based programs. It includes: Native It’s Your Game (Native IYG), Native STAND, Native VOICES, Safe in the Village, and mCircle of Life, amongst others. You can filter and compare curricula on several dimensions, including age group, delivery setting, duration, cost, and evidence of effectiveness, to determine best-fit for their community or setting. You can [subscribe](#) to their monthly eNewsletter or follow the site on [Facebook](#) to receive news and resources supporting AI/AN adolescent health.

We are grateful to the site’s [workgroup members](#), the Indian Health Service’s HIV Program, and the Secretary’s Minority AIDS Initiative Funds for supporting this work!

BY THE GAY MEN'S HEALTH EQUITY WORK GROUP

The Gay Men's Health Equity Work Group is a collaboration of members from the National Coalition of STD Directors and NASTAD with expertise in the sexual health of gay, bisexual, and other men who have sex with men.

Prioritizing the Health of MSM: Extragenital STD Screening Call-to-Action

Though many sexually transmitted diseases (STDs) remain undiagnosed and unreported, 2016 was the third consecutive year in which national increases were seen in reported chlamydia, gonorrhea, and syphilis infections. Gay, bisexual, and other men who have sex with men (MSM) are disproportionately impacted by these STDs.¹ STD screening of MSM, specifically of the throat and rectum, needs to improve. This is a call to action for health departments and medical providers to normalize extragenital STD screening, also known as 3-site testing.

Total combined cases of chlamydia, gonorrhea, and syphilis reported in 2016 reached the highest number in 20 years - there were ~1.6 million chlamydia cases; 468,514 gonorrhea cases; and 27,814 primary and secondary (P&S) syphilis cases reported. The largest increase in cases from 2015 to 2016 occurred in gonorrhea (18.5%), followed by P&S syphilis (17.6%) and chlamydia (4.7%). MSM accounted for the majority of new gonorrhea and P&S syphilis cases (80.6% of male cases with known gender of sex partner). Syphi-

lis rates are at levels not seen since 1992 and disproportionately impact Black and Latino gay men.¹

It has been well established that urethra only screening for chlamydia and gonorrhea in MSM misses most infections.^{2,3,4,5,6} The U.S. Centers for Disease Control & Prevention (CDC) recommends screening sexually active MSM at least annually for urethral and rectal chlamydia and for urethral, rectal and pharyngeal gonorrhea.⁷ Unfortunately, nucleic acid amplification tests (NAATs) have not been cleared by the Food and Drug Administration (FDA) for the diagnosis of extragenital chlamydia or gonorrhea. However, laboratories may validate their FDA-cleared NAATs for use on rectal and oropharyngeal specimens.⁸

In a national survey of US physicians, fewer than one-third routinely screened patients for STDs.⁹ In a large, urban HIV care clinic, extra-genital STD testing was low (29-32%) even though the frequency of syphilis testing was high (72%).¹⁰ Even among STD clinics, extragenital STD screening was common, but many MSM

were not tested.⁵

The Gay Men's Health Equity Work Group offers these recommendations for extragenital STD screening to health departments, encouraging them to engage and collaborate with medical providers, laboratories, community-based organizations, and MSM themselves.

For information on the Gay Men's Health Equity Work Group recommendations for extragenital STD screening to health departments, please visit the call to action [statement](#). For resources to help implement these recommendations, please visit the [NCSD extragenital testing webpage](#), which will be updated on an ongoing basis. NCSD and NASTAD and the National Network of STD Clinical Prevention Training Centers produced the [MSM Sexual Health Standards of Care](#) as a toolkit for providers to improve health services for gay, bisexual, and other MSM.

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3. Koedijk FD, Van Bergen JE, et al. "The Value of Testing Multiple Anatomic Sites for Gonorrhoea and Chlamydia in Sexually Transmitted Infection Centres in the Netherlands, 2006-2010." *Int J STD AIDS*. 2012;23(9):626-31.
4. Barbee LA, Dombroski JC, Kerani R, Golden MR. "Effect of Nucleic Acid Amplification Testing on Detection of Extragenital Gonorrhea and Chlamydial Infections in Men Who Have Sex with Men Sexually Transmitted Disease Clinic Patients." *Sex Transm Dis*. 2014;41(3):168-72.
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6. Chan PA, Robinette A, et al. "Extragenital Infections Caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: A Review of the Literature." *Infect Dis Obstet Gynecol*. 2016;2016:8561645.
7. Centers for Disease Control and Prevention. *Sexually Transmitted Diseases Treatment Guidelines, 2015*. *MMWR Recomm Rep*. 2015;64(No. RR-3): 1-137.
8. Centers for Disease Control and Prevention. *Clinic-based Testing for Rectal and Pharyngeal Neisseria Gonorrhoeae and Chlamydia Trachomatis Infections by Community-Based Organizations - Five Cities, United States, 2007*. *MMWR Morb Moral Wkly Rep*. 2009;58(26):716-719.
9. St Lawrence JS, Montana DE, et al. "STD Screening, Testing, Case Reporting, and Clinical and Partner Notification Practices: a National Survey of US Physicians." *Am J Public Health* 2002;92(11):1784-1788.
10. Barbee LA, Dhanireddy S, Tat SA, and Marrazzo JM. "Barriers to Bacterial STI Testing of HIV-Infected Men Who Have Sex with Men Engaged in HIV Primary Care." *Sex Transm Dis*. 2015;42(10):590-594.

The Role of Oral Health Professionals in HPV Prevention Among AI/AN

Because human papillomavirus (HPV) is implicated in oropharyngeal cancers, the dental community is a possible pathway for increased HPV vaccine uptake. We reached out to Dr. Tim Ricks, the Deputy Director of the IHS Division of Oral Health, to ask some more questions about the role of oral health professionals in HPV prevention among AI/AN.

How does HPV relate to oral health?

Approximately 50,000 people in the U.S. will be diagnosed with oral cancer this year, 132 new people every day, and one person every hour of every day will die from oral cancer. In fact, the death rate from oral cancer is higher than cervical cancer, thyroid cancer, and even skin cancers like malignant melanoma. The most important contributing factor is tobacco use, but the fast-growing segment that are affected are young nonsmokers, and this is due to the HPV virus. HPV 16 is strongly associated with oropharyngeal cancers, which are the second most common type of HPV-associated cancer next to cervical cancer.

What can oral health professions do to promote HPV awareness and prevention?

In addition to STD Awareness month, April is also Oral Cancer Awareness Month. Because of the recent news regarding the increased incidence of oral cancer due to HPV infections, we want to highlight that connection between HPV and oral cancer. There are several things that oral health providers can do to promote awareness in patients and their parents regarding the link between HPV and oral cancer. First, we encourage oral health providers to conduct at least annual oral cancer clinical screenings on all patients, usually at the examination appointment; more than half of oral cancers are diagnosed at late stages, lessening the survival rate. Second, we encourage oral health providers to talk to their patients and their parents about HPV vaccination, beginning at age 9 up to age 26.

Where can oral health professionals find information and tools on HPV prevention to use in their workplace?

On April 4, 2018, the IHS Division of Oral Health sponsored a continuing dental education webinar on HPV and oral cancer, covering knowledge and attitudes of dental professionals, oral cancer facts and screening information, and how to talk to patients and parents about HPV vaccination. This webinar was recorded, and IHS, Tribal, and Urban dental program staff can access it by logging into the IHS Dental Portal at www.ihs.gov/doh, going to the Continuing Dental Education Catalog, and choosing course DE0144. One hour of CDE credit is available for listening to this recorded webinar. There are also some very good resources outside of the IHS such as [Team Maureen](#), the National HPV Roundtable [Action Guide](#), and the [Oral Cancer Foundation](#).

How is an interprofessional approach to HPV prevention valuable for oral health professionals who serve American Indians and Alaska Natives?

Oral health providers in IHS, tribal, and urban dental programs have a unique opportunity to interact daily with other health care professionals in their facility to meet the Agency's mission to "raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level." In 2000, the U.S. Surgeon General published the first Report on Oral Health, and the major message of that report is that "oral health is essential to the general health and well-being of all Americans." Numerous studies have pointed to the associations between oral health and systemic health, and it is imperative that oral health providers embrace the "whole body" concept of providing care in collaboration with non-oral health providers.

UPDATED SYPHILIS TREATMENT GUIDELINES

The CDC recently released an updated version of [Syphilis: A Provider's Guide to Treatment and Prevention](#).

This complement to [CDC's STD Treatment Guidelines](#) was created to help educate physicians and healthcare providers on the diagnosis, treatment, and prevention of syphilis.

The updated guide contains images of typical and atypical primary and secondary syphilis symptoms and expands on information in the treatment guidelines to help address diagnostic challenges. It also includes need-to-know details about syphilis signs and symptoms by stage; the diagnosis of neurosyphilis, ocular syphilis, and congenital syphilis; information needed to diagnose and stage syphilis; syphilis prevention messages; and where to go for more information.

BY SUZANNE ENGLAND, DNP, APRN, GREAT PLAINS AREA WOMEN'S HEALTH CONSULTANT

Pine Ridge Service Unit Teen Clinics for STI Prevention

TEXT 4 SEX ED

At a time when STDs are at a record high, it's never been more important to promote condom use and STD testing. American Indian and Alaska Native (AI/AN) youth experience persistent disparities related to sexual health, including the second highest rates of chlamydia and gonorrhea among all racial/ethnic groups.

The Text 4 Sex Ed service is an effective, culturally-relevant text messaging intervention that promotes condom use and STI/HIV testing among Native youth. Youth can text SEX to 97779, and will receive 2-3 text messages per week for 3 months. In recognition of STD Awareness Month, encourage youth you know to enroll in the service.

For more information about the service, contact David Stephens (dstephens@npaihb.org) or Stephanie Craig Rushing (scraig@npaihb.org) at the Northwest Portland Area Indian Health Board.

The Women's Health program in Pine Ridge has been committed to prevention of sexually transmitted diseases through community outreach of the most vulnerable populations. One strategy that has shown to be highly effective is the School-based Reproductive health clinic in collaboration with the Bureau of Indian Education. Through collaborative agreements and no-cost lease agreements, the teen clinic is able to create a safe and accessible place for students to access birth control, prenatal

The Women's Health program in Pine Ridge has been committed to prevention of sexually transmitted diseases through community outreach of the most vulnerable populations. One strategy that has shown to be highly effective is the School-based Reproductive health clinic in collaboration with the Bureau of Indian Education. Through collaborative agreements and no-cost lease agreements, the teen clinic is able to create a safe and accessible place for students to access birth control, prenatal care and testing/treatment for sexually transmitted infections. The Community Nurse Midwife works alongside faculty and staff at the school to present in different classes and assemblies to educate students about the risks of sexually transmitted infections. For example, in the health classes, the nurse-midwife does a frank and upfront discussion about healthy relationships and then allows time for universal gonorrhea and chlamydia testing. "There's no shame or pointing fingers when everyone

in the class is getting tested," per the community nurse midwife, LDCR Amanda Hill. A week later, LCDR Hill returns and gives all the tested students the STI screening results in a confidential manner which builds rapport among the students and allows each of them the opportunity to ask personal questions. In addition to being visible in the classroom setting, LCDR Hill works out of the nurse's office one afternoon a week to provide additional access for students. "Many young women who would have been scared to get on birth control come see me because they know me and can come with a friend without missing school." LCDR Hill admits. Additionally, since she has been there, the teen pregnancy rate has not only decreased but the students who do think they are pregnant have found out sooner and initiated care quickly. "I think the most important take away from school based reproductive care is allowing for assessable, anonymous, accurate and approachable care for teens."

Last year, among the students tested by LCDR Hill, there was a 22% positivity rate for Gonorrhea or Chlamydia. This fall, the same population was tested and only 11% was positive. "Students listen when they are given factual up-front and dynamic lessons," LCDR Hill concludes.



National STD Curriculum

The National STD Curriculum [website](#) provides FREE CME and CNE credits. Based on the most recent CDC STD Treatment Guidelines, the curriculum addresses epidemiology, pathogenesis, clinical manifestations, diagnosis, management, and prevention of a variety of STDs. Content includes:

- ▶ Seven Self-Study Modules
- ▶ Twelve Question Bank topics with 100+ interactive board-review style questions
- ▶ Modular learning in any order with progress tracker

The National STD Curriculum was funded by a grant from the U.S. Centers for Disease Control and Prevention (CDC) for the National Network of STD Clinical Prevention Training Centers and developed by the University of Washington STD Clinical Prevention Training Center.

Recent Literature

The following is a compilation of recent publications in the field of STD prevention among American Indians and Alaska Natives.

ADOLESCENT STD PREVENTION

- ▶ Shegog R, Craig Rushing S, Gorman G, et al. NATIVE-It's Your Game: Adapting a Technology-Based Sexual Health Curriculum for American Indian and Alaska Native Youth. *J Prim Prev.* 2017;38(1-2):27-48. PMID: [27520459](#)

The authors describe the adaptation process used to develop Native It's Your Game, a stand-alone 13-lesson Internet-based sexual health life-skills curriculum adapted from an existing promising sexual health curriculum, It's Your Game-Tech (IYG-Tech). Tribal stakeholders rated Native IYG favorably, and suggested it was culturally appropriate for AI/AN youth and suitable for implementation in tribal settings.

- ▶ Lee C, Thompson-Robinson M, Dodge-Francis C. Acceptability of an Adapted HIV Prevention Intervention for Native American Adolescents. *AIDS Educ Prev.* 2018;30(1):72-84. PMID: [29481297](#)

An adolescent HIV evidence-based intervention (EBI) was adapted in three phases: (1) securing input from a Native American Advisory Board; (2) modifying the EBI to be more consistent with Native American culture; and (3) conducting a pilot with 14 Native American adolescents to examine acceptability and cultural congruence between the adapted intervention and the youth's culture based on Likert-scale ratings and a focus group.

- ▶ Mitchell CM, Kaufman CE, Whitesell NR, Beals J, Keane EM. Self-Efficacy About Sexual Risk/Protective Behaviors: Intervention Impact Trajectories Among American Indian Youth. *J Res Adolesc.* 2017;27(3):697-704. PMID: [28776843](#)

This study explored the impact of Circle of Life (COL), an HIV prevention intervention based on social cognitive theory, on trajectories of self-efficacy (refusing sex, avoiding sexual situations) among 635 students from 13 middle schools on one American Indian reservation.

- ▶ Jacobs-Wingo JL, Jim CC, Groom AV. Human Papillomavirus Vaccine Uptake: Increase for American Indian Adolescents, 2013-2015. *Am J Prev Med.* 2017;53(2):162-168. PMID: [28256284](#)

Although Indian Health Service, tribally-operated, and urban Indian (I/T/U) healthcare facilities have higher human papillomavirus (HPV) vaccine series initiation and completion rates among adolescent patients aged 13-17 years than the general U.S. population, challenges remain. I/T/U facilities have lower coverage for HPV vaccine first dose compared with coverage for other adolescent vaccines, and HPV vaccine series completion rates are lower than initiation rates. Researchers aimed to assist I/T/U facilities in identifying interventions to increase HPV vaccination series initiation and completion rates.

GENERAL STD PREVENTION

- ▶ Cahn MA, Harvey SM, Town MA. American Indian and Alaska Native Men's Use of Sexual Health Services, 2006-2010. *Perspect Sex Reprod Health.* 2017;49(3):181-189. PMID: [28758709](#)

Sexual health service usage was examined among 923 American Indian and Alaska Native men and 5,322 white men aged 15-44 who participated in the 2006-2010 National Survey of Family Growth. This study provides baseline data on American Indian and Alaska Native men's use of sexual health services. Research exploring these men's views on these services is needed to help develop programs that better serve them.

- ▶ Rink E, Fourstar K, Anastario MP. The Relationship Between Pregnancy Prevention and STI/HIV Prevention and Sexual Risk Behavior Among American Indian Men. *J Rural Health.* 2017;33(1):50-61. PMID: [26696246](#)

The authors examined the relationship between American Indian men's attitudes toward pregnancy prevention, STI/HIV prevention, and sexual risk behavior. Attention was given to: (1) attitudes and intentions to use condoms and sexual risk behavior; (2) STI/HIV prevention characteristics and sexual risk behavior; (3) attitudes toward abstinence and monogamy and sexual risk behavior; and (4) decision-making in relationships and sexual risk behavior.

- ▶ Bowen VB, Peterman TA, Calles DL, Thompson A, Kirkcaldy R, Taylor M. Multi-state Syphilis Outbreak among American Indians, 2013-2015. *Sex Transm Dis.* 2018 Feb:[1 p.]. PMID: [29465639](#)

This article summarizes a multi-state outbreak of heterosexual syphilis, including 134 cases of syphilis in adults and adolescents and at least two cases of congenital syphilis, which occurred on an American Indian reservation in the United States during 2013-2015. In addition to providing salient details about the outbreak, the article seeks to document the case-finding and treatment activities undertaken, their relative success or failure, and the lessons learned from a coordinated, multiagency response.

ANNOUNCEMENTS & RESOURCES

SYPHILIS OUTBREAK DETECTION GUIDELINES

This [document](#) was developed to give STD programs a framework for understanding their epidemiology, determining if and when an outbreak might be occurring, and determining when additional resources and activities could be needed to prevent further transmission of disease. The tools and strategies described in the report are best practices in syphilis outbreak detection that can be adapted to any jurisdiction's incidence and burden of disease. This document was created by the Council of State and Territorial Epidemiologists (CSTE) STD Subcommittee.

NCS STD ENGAGE

November 13-16, 2018 | Orlando, FL
Omni Orlando Resort, Champions Gate
[Abstract Deadline](#): May 4, 2018

Focused on health equity, NCS is thrilled to announce the theme of this year's [STD Engage 2018](#): Communities in Unity: Meeting the Challenges Together. This year's meeting will focus on social disparities and the disproportionate impact of STDs on MSM and the gay community, communities of color, women, young people, and other groups – all through the lens of STD program science.

CDC NATIONAL STD PREVENTION CONFERENCE

August 27 – 30, 2018 | Washington, DC
Omni Shoreham Hotel

[Registration](#) for the conference is open! Early registration ends on May 31. We will begin soliciting nominations for the 2018 Jack N. Spencer Award to honor individuals for a career of exceptional contributions to excellence in STD prevention. Awardees are characterized by outstanding commitment to science-based programs, continuous innovation, and profound commitment to helping people.

MEN'S HEALTH COMMUNITY DIALOGUE

May 2, 2018, 9:30 a.m. – 1:30 p.m.
Oklahoma City, OK | INTEGRIS
Baptist Medical Center Auditorium

The Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS) has launched Men's Health Listening Sessions across the country. The purpose of these discussions is to learn thoughts and perceptions around factors that impact your overall health. These events allow men as an opportunity to provide feedback on key areas including: Health & Prevention, Substance Abuse/Mental Health, and Fitness & Nutrition. Register [here](#).

STD/HIV/TB CLINICAL UPDATE

April 19, 2018, 8 a.m. – 4 p.m.
Phoenix, AZ
Parsons Center for Health and Wellness

Free, one day CME event for healthcare providers (MD, PA, NP, RN). Topics include local epidemiology, gonorrhea, chlamydia, syphilis, tuberculosis, HIV/HCV/PrEP, and an expert panel discussion. Register [here](#).

Recent Literature (continued)

HUMAN PAPILOMAVIRUS

- ▶ Cina KR, Omidpanah AA, Petereit DG. Assessing HPV and Cervical Knowledge, Preference and HPV Status Among Urban American Indian Women. *S D Med.* 2017;70(10):439-443. PMID: [28957617](#)

The authors provided HPV and cervical cancer education to urban American Indian (AI) women 18 and older using a pre and post-knowledge exam to assess knowledge and attitudes. Women were also given the option to perform vaginal self-tests for high risk HPV (hrHPV) analysis immediately after the education.

HIV/AIDS

- ▶ Mitsch A, Surendera Babu A, Seneca D, Whiteside YO, Warne D. HIV care and treatment of American Indians/Alaska natives with diagnosed HIV infection - 27 states and the District of Columbia, 2012. *Int J STD AIDS.* 2017;28(10):953-961. PMID: [27872322](#)

The objective of this study was to measure linkage to care, retention in care, and suppressed viral load (VL) among American Indians/Alaska Natives (AIs/ANs) aged ≥ 13 years with diagnosed HIV infection. We used national HIV case surveillance data to measure linkage to care, retention in care, and suppressed VL, defined as < 200 copies/mL at the most recent VL test during 2012. To improve individual health and to prevent HIV among AIs/ANs, outcomes must improve - particularly for female AIs/ANs and for AIs/ANs aged 13-34 years.

- ▶ Reilley B, Haberling DL, Person M, et al. Assessing New Diagnoses of HIV Among American Indian/Alaska Natives Served by the Indian Health Service, 2005-2014. *Public Health Rep.* 2018;133(2):163-168. PMID: [29517957](#)

The objectives of this study were to use Indian Health Service (IHS) data from electronic health records to analyze human immunodeficiency virus (HIV) diagnoses among American Indian/Alaska Natives (AI/ANs) and to identify current rates and trends that can support data-driven policy implementation and resource allocation for this population. We analyzed provider visit data from IHS to capture all AI/AN patients who met a definition of a new HIV diagnosis from 2005 through 2014 by using International Classification of Diseases, Ninth Revision, Clinical Modification codes.

