FOIA Number: 2018-0758-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21087

FolderID:

Folder Title:
Conference-12/98-National STD [Sexually Transmitted Diseases] Prevention Conference

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	2	3

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11234	Melissa	Shepherd	12/7/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Todd

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Center for Diseasae Control	1660 Clifton Rd., NE	

Sender's City	Sender's State	Sender's Zip
Atlanta	GA	30333

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

December 4, 1998

Dear Colleague:

Dr. Gayle alerted you last week that you would be receiving a CDC press kit in advance of the 1998 National STD Prevention Conference in Dallas, Texas. In the attached press kit you will find a press release, three background documents, a trends document, and a corrected table of the "Top Twenty U.S. Cities by Gonorrhea and Syphilis Rates." The original table faxed to you contained inaccurate data for Newark, NJ. Rates for Newark were inaccurately calculated for the 1997 STD Surveillance Report. The Surveillance Report and trends document will be corrected. We apologize for this error.

We hope these materials will provide the information you need to advance critical STD prevention and treatment messages in your community. Should you need additional information to share with your constituents or local media, please call the NCHSTP Office of Communications at (404) 639-8063.

If you have any questions or comments, please feel free to contact me.

Sincerely,

Melissa B Shepherd

Melissa Shepherd
Associate Director for Communications
National Center for HIV, STD, and TB Prevention

Top Twenty U.S. Cities by Gonorrhea and Syphilis Rates

Gonorrhea*

City	Cases	Rate per 100,000 Population
1. Baltimore, MD	6,693	991.0
2. Washington, DC	4,557	838.9
3. St. Louis, MO	2,901	825.2
4. Rochester, NY	1,867	769.6
5. Atlanta, GA	5,468	761.2
6. Detroit, MI	7,887	755.2
7. Richmond, VA	1,466	739.4
8. Newark, NJ	1,967	688.6
9. Norfolk, VA	1,462	626.3
10. New Orleans, LA	2,743	575.5
11. Memphis, TN	4,876	562.1
12. Oklahoma City, OK	2,080	471.9
13. Birmingham, AL	3,104	468.9
14. Kansas City, MO	2,000	448.5
15. Philadelphia, PA	6,504	440.1
16. Chicago, IL	11,498	393.0
17. Nashville, TN	2,050	383.2
18. Minneapolis, MN	1,430	371.1
19. Buffalo, NY	1,172	362.4
20. Milwaukee, WI	3,303	358.1

*Rate for U.S.: 122.5

Syphilis*

City	Cases	Rate per 100,000 Population
1. Baltimore, MD	669	99.1
2. Memphis, TN	343	39.5
3. Nashville, TN	203	37.9
4. Atlanta, GA	204	28.4
5. New Orleans, LA	132	27.7
6. Richmond, VA	49	24.7
7. Washington, DC	117	21.5
8. Norfolk, VA	44	18.8
9. St. Louis, MO	60	17.1
10. Oklahoma City, OK	73	16.6
11. Birmingham, AL	107	16.2
12. Louisville, KY	107	15.9
13. Chicago, IL	346	11.8
14. San Juan, PR	99	11.4
15. Detroit, MI	101	9.7
16. Boston, MA	52	9.3
17. Milwaukee, WI	84	9.1
18. Newark, NJ	26	9.1
19. Indianapolis, IN	71	8.7
20. Charlotte, NC	48	8.0

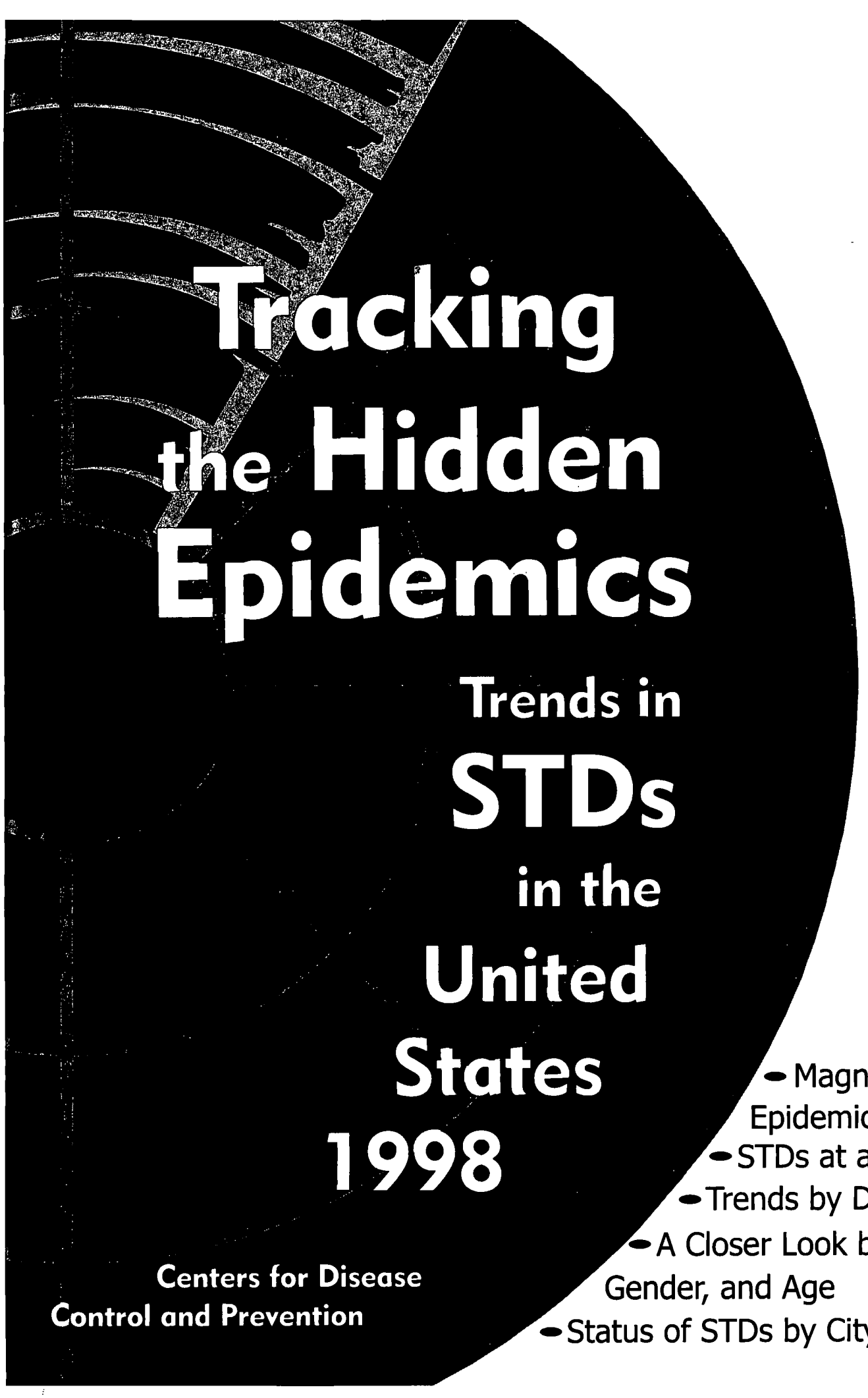
*Rate for U.S.: 3.2

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



Tracking the Hidden Epidemics

Trends in STDs in the United States 1998

- Magnitude of STD Epidemics
- STDs at a Glance
- Trends by Disease
- A Closer Look by Race, Gender, and Age
- Status of STDs by City and State

Centers for Disease Control and Prevention

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

EMBARGOED FOR RELEASE
Monday, December 7, 1998, 9:00 a.m. (CT)

Contact: NCHSTP Office of Communications,
(404) 639-8935

CDC Issues National Report Card on STDs Gonorrhea and Syphilis Down, but Not Beaten: Chlamydia Continues to Spread Widely

Syphilis and gonorrhea have reached all-time lows in the U.S. overall, but a number of cities in the South and Northeast continue to battle high rates of both diseases, according to new data released today by the Centers for Disease Control and Prevention (CDC).

Fifteen cities share the grim distinction of leading the nation in reported rates of both STDs. The cities that made the list for highest rates of both gonorrhea and syphilis in 1997 are (in alphabetical order) Atlanta, Baltimore, Birmingham, Chicago, Detroit, Memphis, Milwaukee, Nashville, Newark, New Orleans, Norfolk, Oklahoma City, Richmond, St. Louis, and Washington, D.C.

CDC issued the "report card" on STD prevention at the 1998 National STD Prevention Conference which opened today in Dallas, Texas. CDC updated leading experts from across the nation on the status of the STD epidemic in the U.S., as the group came together to design new strategies for combating STDs in the 21st century.

According to CDC, the new data help identify areas where increased attention must be focused in the next era of STD prevention.

"For far too long, our nation has accepted the consequences of STDs as an unavoidable reality," stressed Helene Gayle, M.D., M.P.H., Director of CDC's National Center for HIV, STD, and TB Prevention (NCHSTP). "Fortunately, for the health of women and children, things are beginning to change. But we must gain momentum if we are serious about further reducing the still staggering toll."

According to Gayle, while gonorrhea and syphilis, the STDs we have been battling the longest, are now primarily isolated geographically, other diseases such as chlamydia, herpes, and human papillomavirus (HPV) remain extremely widespread.

The latest estimates indicate that 15 million Americans become newly infected with an STD each year, yet they remain one of the most under recognized health threats.

In one of his first national appearances as CDC Director, Jeffrey Koplan, M.D., M.P.H., will announce that a key priority of his agency will be to improve national STD prevention and treatment efforts overall and, specifically, to eliminate syphilis in the U.S. According to Koplan, syphilis is now confined to only 1% of U.S. counties and has never been more vulnerable to elimination.

"At no time in history have the prospects for eliminating syphilis been better," stressed Koplan. "We have the rare opportunity to add syphilis next to malaria and cholera on the short list of diseases we have beaten in the United States. But if we don't take the opportunity now, we will lose our chance."

Koplan's full statement on a national response to the hidden epidemics of STDs and syphilis elimination will be released on Wednesday, December 9, 1998.

Syphilis elimination efforts are critical to improving infant health, slowing the spread of HIV infection, and to reducing racial disparities in health. Untreated syphilis during pregnancy results in infant death in up to 40% of cases, and over 65% of cases of congenital syphilis are among African Americans. Moreover, syphilis is believed to be accelerating the spread of the HIV epidemic, particularly in communities of color. Given the disproportionate toll of the disease among African Americans, syphilis and its preventable consequences constitute one of the most glaring racial gaps in health status in the United States. "CDC is committed to eliminating this gap," added Koplan.

In her opening remarks to the conference, Judith Wasserheit, M.D., M.P.H., Director of NCHSTP's Division of STD Prevention, identified expanded detection and treatment of chlamydia as another urgent priority for national STD prevention efforts.

CDC receives more reports of chlamydia each year than any other infectious

disease. While the disease can be easily treated and cured if detected early, it often has no symptoms and goes undiagnosed. Untreated, chlamydia can lead to severe health consequences for women, including infertility and potentially fatal tubal pregnancies.

According to CDC, the toll of chlamydia can be reduced with existing knowledge, technology, and treatments.

"The good news is we have the power to make a tremendous difference in STD prevention and treatment," stressed Wasserheit. "With many diseases today, we are still searching frantically for the solutions. With STDs, we need only to make better use of the sustained solutions we already have."

Wasserheit released new figures on chlamydia for the nation, which demonstrate a significant reduction in the percentage of young women with chlamydia in areas with widespread screening and treatment programs. She stressed the importance of expanding these efforts throughout the United States. While the programs can make a dramatic difference in preserving women's reproductive health, they currently reach only 50% of women at risk in 20 states, and less than 15% in 30 states.

The latest data from screening in family planning clinics nationwide demonstrate a 67% reduction in the proportion of women ages 15-24, infected with chlamydia in the Northwest (Washington, Oregon, Idaho, and Alaska) since they initiated large scale screening efforts in 1988. Similar declining trends are now beginning in other regions which have recently initiated screening and treatment programs -- with the largest burden of disease remaining in the South.

The ten states with the most severe level of chlamydia among young women ages 15-24 tested in family planning clinics, include Arkansas (11.2% of young women infected), South Carolina (11.1%), Mississippi (11.0%), North Carolina (10.7%), Alabama (10.6%), Louisiana (10.2%), Texas (8.2%), Georgia (7.6%), Illinois (7.4%), and Florida (7.2%).

Improved treatment of STDs is vital, not only to reduce the severe reproductive consequences of these diseases, but also to stem the sexual spread of HIV infection.

Because infection with these STDs greatly increases a person's risk of both acquiring and spreading HIV infection, improved STD treatment is critical to slowing the HIV epidemic.

"It is unconscionable that diseases that can be cured with one dose of antibiotics continue to exact such a tremendous toll on the nation," stressed Wasserheit. "We simply must reach people with the prevention, screening, and treatment needed to reduce this toll."

###

News from the

1998 National STD Prevention Conference

December 6–9, 1998 Dallas, Texas

EMBARGOED FOR RELEASE:
Monday, December 7, 1998, 9:00 a.m. (CT)

For More Information Contact:
NCHSTP Office of Communications
(404) 639-8895

Looking Ahead to the 21st Century -- Syphilis Elimination is Within Our Reach

As the U.S. prepares to enter the 21st century, at least one longstanding public health concern could be on its way out. According to CDC, the U.S. now has a brief window of opportunity to eliminate syphilis. While once a major cause of cardiovascular disease, severe neurologic problems and blindness, syphilis is today a disease in decline. At no time in the past 30 years have the prospects for eliminating syphilis in the U.S. been greater.

Syphilis rates are currently at the lowest level in history, and half of reported cases are concentrated in just 1% of U.S. counties. Historically low rates and geographic concentration, recent advances in treatment and genetic sequencing, and the basic characteristics of the disease (such as the absence of drug-resistant strains and non-human sources of infection) signal that syphilis can be eliminated.

Syphilis elimination efforts are critical to improving infant health, slowing the spread of HIV infection, and reducing racial disparities in health. Untreated syphilis during pregnancy results in infant death in up to 40% of cases, and over 65% of cases of congenital syphilis occur among African Americans. Moreover, syphilis is believed to be accelerating the spread of the HIV epidemic, particularly in communities of color. Given the disproportionate toll of the disease among African Americans, syphilis and its preventable consequences constitute one of the most glaring racial gaps in health status in the United States.

At the 1998 National STD Prevention Conference, CDC Director Dr. Jeffrey Koplan will reinforce CDC's commitment to eliminating this gap and to eliminating syphilis. Koplan's full statement will be released on Wednesday, December 9, 1998. Additionally, health officials from throughout the U.S. will discuss local progress, demonstrating that the possibility of elimination is real. New estimates of the annual economic costs of syphilis will also be released, underscoring that in addition to saving lives, an investment in syphilis elimination will save the nation money. Key findings include:

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

asha

- *San Diego Demonstrates Elimination is Possible With Aggressive Strategy*

  San Diego County health officials will present an innovative approach to syphilis outreach and surveillance that has brought their syphilis levels to near elimination. Syphilis rates dropped from a peak of 18.3 per 100,000 in 1988 to 0.4 (12 cases projected) per 100,000 in 1998. Their three-part strategy focuses on rapid identification of people with infectious syphilis, new approaches to reach partners and high-risk populations, and a response plan to respond to cases brought into San Diego from other areas (imported cases). A key element of their success is their close collaboration with community-based organizations. By providing training and incentives to outreach workers from homeless organizations, HIV service groups, and drug treatment facilities, they have expanded the base of individuals and organizations committed to syphilis elimination locally.

- *Outbreak Response Must Be Maintained*

  In both San Diego and Seattle, public health officials have recognized the need to maintain local syphilis response systems. Until syphilis is eliminated everywhere, cases can reappear in a community at any time. Systems must be in place to quickly identify and treat any new cases. The Seattle-King County Health Department will discuss the reappearance of syphilis in their community following local elimination. Seattle was able to bring their syphilis cases down from 224 in 1989 to a single imported case in 1996. However, syphilis reappeared with 50 cases reported in the first ten months of 1998. Over half of these cases were imported from other areas. Fortunately, Seattle had maintained surveillance and outbreak response systems and was successful in controlling the outbreak.

- *Beyond the Human Costs of Syphilis, Economic Costs are High*

  CDC will present the latest estimates of the economic consequences of syphilis. Findings indicate that the U.S. spends $251.9 million each year in direct medical costs alone, as a result of syphilis. Add to that the estimated indirect costs of $663.1 million (lost productivity and other costs not directly related to medical care), and it is clear that syphilis elimination efforts are worth the investment. The total direct and indirect costs of syphilis ($915 million) include the costs related to treatment of adult syphilis ($139.2 million), congenital syphilis ($23.6 million), and the estimated cost of excess HIV infections attributable to the presence of syphilis ($752.2 million). CDC believes the tremendous human and economic costs of syphilis can be prevented through a national syphilis elimination effort.

###

News from the

1998 National STD Prevention Conference

December 6–9, 1998 Dallas, Texas

EMBARGOED FOR RELEASE:
Monday, December 7, 1998, 9:00 a.m. (CT)

For More Information Contact:
NCHSTP Office of Communications
(404) 639-8895

Preventing the Severe Consequences of Chlamydia in Women

Communities Across the Nation are Making Progress, but for Far Too Many Women, the Disease Continues Its Silent Assault

Chlamydia is the most commonly reported infectious disease in the United States and is one of the most serious STDs among women today. Over one million women, many of whom are teens and young adults, become infected with chlamydia each year. Because the disease often has no symptoms, it frequently goes unrecognized and untreated. If left untreated, chlamydia silently assaults a woman's reproductive system, resulting first in severe scarring and pelvic pain, and then often progressing to infertility or potentially fatal tubal pregnancies. The disease can also cause severe health problems for infants and can greatly increase an individual's risk of becoming infected with HIV, if exposed.

To reduce the severe and continuing toll of chlamydia, public health officials across the nation are devising innovative approaches to reach those at risk with the prevention and treatment services they need. Through early detection and treatment, chlamydia can be easily cured before severe health damage is done. Through safer sex behaviors, chlamydia infection can be prevented. Yet, as experts from across the nation will report at the National STD Prevention Conference this week, many groups at extremely high risk, particularly young people, remain uninformed, unscreened, and untreated. Key findings include:

- *Many Teens Lack Basic Understanding of STD Prevention*

  A CDC study in one Southeastern city demonstrates that many young people at risk lack even basic information about how to protect themselves from infection with STDs. Among over 500 teens (14-19 years of age) treated in health clinics, 57% believed birth control pills would protect them from STDs; 67% believed douching would prevent STDs; 64% believed washing after sex would prevent STDs; and 84% believed that having only one partner would protect them from infection. Yet, over half of these teens had been infected with an STD. Of these, 38% had been infected with chlamydia. There is an urgent need to reach all teens with the knowledge and skills to prevent STD transmission.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

asha

- *Significant Proportion of Private Pediatricians Not Screening Teens for STDs*

  Despite CDC recommendations that all sexually active teens be screened for chlamydia, studies continue to demonstrate that the practice is not widespread. Researchers from the North Carolina Department of Health and Human Services will present a study of private pediatricians in Wake County, NC, an area of high chlamydia prevalence. The study found that only 25% of pediatricians in private practice routinely test their female adolescent patients for chlamydia. While many of the doctors interviewed in the study believed their patients were sexually active, they did not believe their patients were at risk for chlamydia. In fact, many were unaware that chlamydia is widespread outside low-income minority communities, did not know that chlamydia often has no symptoms, and did not realize the long-term complications of chlamydia for women. Outreach and education efforts for private health care providers about the importance of screening young people for chlamydia are critical.

- *High Chlamydia Prevalence in New Orleans Schools Demonstrates Need for Effective Screening*

  Through a three-year chlamydia screening program in New Orleans public schools, local health officials were able to identify and effectively reduce a high level of chlamydia among teens. When the program began, 12% of girls (grades 9-12) and 6% of boys were found to be infected with chlamydia. During the following three years, counseling and treatment efforts and repeat testing were offered, and chlamydia prevalence declined to 10.3% for girls and 3.2% for boys. Researchers from the Louisiana Department of Health and Hospitals will present these findings and discuss how school-based screening programs can effectively reach young people at high risk for infection.

- *New Partnerships May Extend Reach of Programs to Screen High-Risk Youth*

  Public health workers in San Francisco have found a new, more efficient way of screening for chlamydia and other STDs through community organizations, enabling them to identify more cases with fewer staff. By partnering with community-based organizations, such as youth centers, shelters for homeless teens, and other organizations that provide services to young men and women, workers were able to identify more than twice as many cases of chlamydia using the same number of staff hours. Health officials from the San Francisco Department of Public Health will present findings that demonstrate significant increases in the identification of STD cases through outreach within community organizations (7.7 cases per 100 hours) as compared to their former Mobile Clinic outreach (2.8 cases per 100 hours).

As communities nationwide work to reduce the toll of chlamydia, these and other innovative strategies can make a tremendous difference in protecting the future health of our nation's young people, particularly young women.

###

News from the

1998 National STD Prevention Conference

December 6–9, 1998 Dallas, Texas

EMBARGOED FOR RELEASE:
Monday, December 7, 1998, 9:00 a.m. (CT)

For More Information Contact:
NCHSTP Office of Communications
(404) 639-8895

STD Treatment as an HIV Prevention Strategy

Studies Continue to Demonstrate High Rates of Co-Infection Underscoring the Need for Integrated Prevention and Treatment Efforts

The link between HIV infection and other sexually transmitted diseases (STDs) has been clearly established. The presence of other STDs significantly increases a person's risk of both acquiring and spreading HIV infection. STDs, particularly syphilis, chancroid, herpes, gonorrhea, and chlamydia, are believed to be fueling the sexual spread of HIV infection. In addition, researchers have long recognized that the behaviors which place individuals at risk for other STDs also increase their risk of becoming infected with HIV.

STD and HIV prevention efforts should be closely coordinated and largely targeted to the same populations. Additionally, populations at risk should be offered screening for all STDs, including HIV. Effective STD treatment can have a significant impact both in terms of preventing severe reproductive consequences for women, and in reducing the spread of the HIV epidemic. Several recent investigations identify a high level of co-infection with HIV and other STDs in some populations and underscore the critical need for stronger linkages between STD and HIV prevention programs nationwide. Findings to be presented at the 1998 National STD Prevention Conference include:

- *High Levels of Co-Infection with HIV and Other STDs*

  The University of North Carolina will present an analysis of thirty-four studies that reveal the extremely high levels of HIV infection among people with syphilis. Among gay and bisexual men with syphilis, between 64% and 90% were found to be infected with HIV. Among injection drug users with syphilis, HIV prevalence was between 23% and 71%. In populations not consisting exclusively of these high-risk groups, about 18% of people with syphilis were also infected with HIV. These findings suggest that syphilis elimination efforts could have a profound impact on efforts to slow the HIV epidemic. Moreover, prevention efforts in this high-risk population could help prevent both diseases from spreading.

  A CDC study among gay and bisexual men in Washington D.C. adds to recent

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

asha

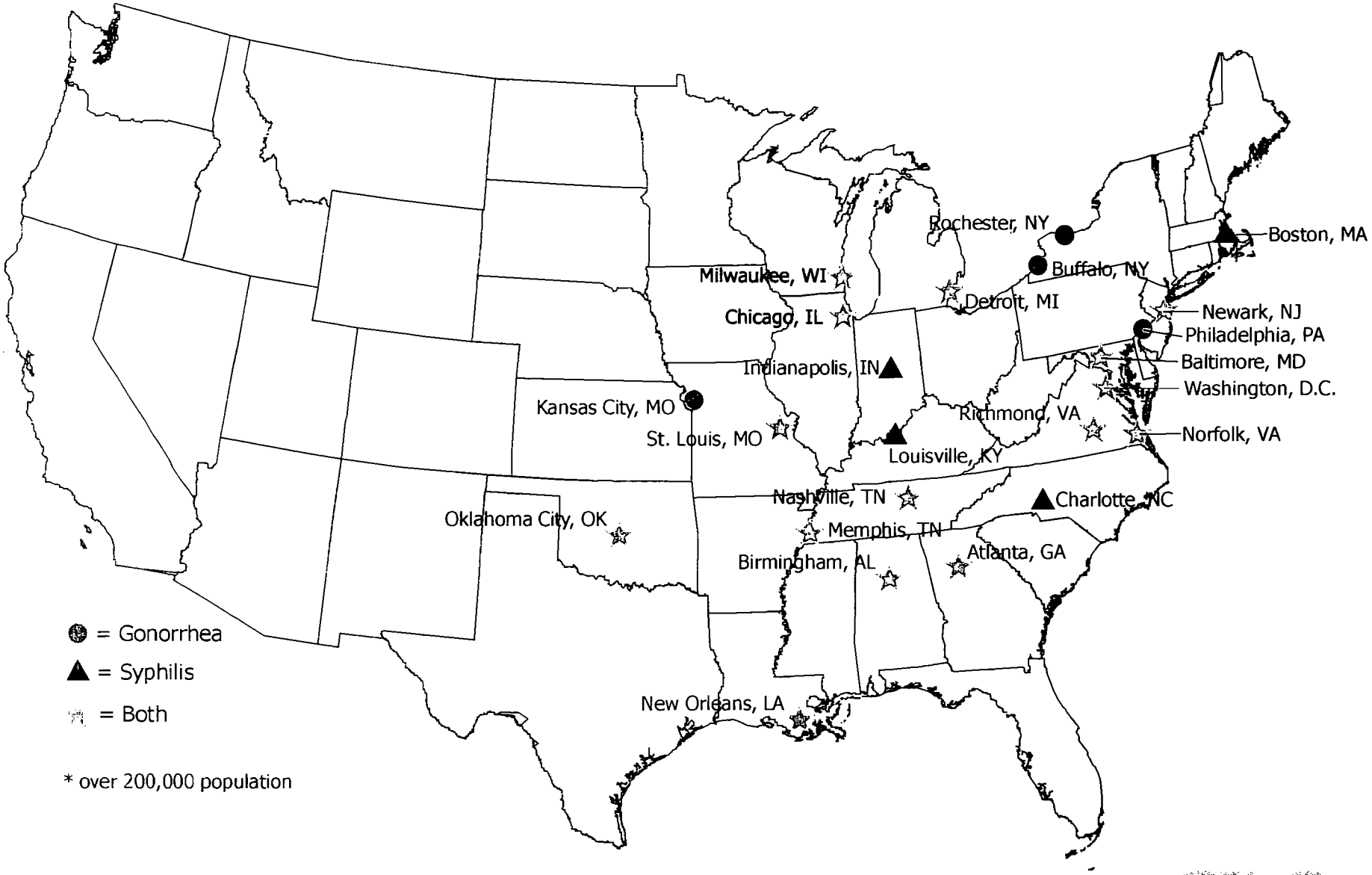
concern that gonorrhea may be increasing among men who have sex with men (MSM) and facilitating the further spread of HIV in this population. From 1993 to 1996, the number of MSM patients with gonorrhea in one STD clinic nearly doubled, increasing from 72 cases to 139 cases. Of these men, 81% reported having unprotected sex in the two weeks before their clinic visit. Almost half (46%) of the MSM with gonorrhea were also infected with HIV, compared to 20% of MSM without gonorrhea. These data, combined with similar findings from a 26-city study in 1997, point to the urgent need to reinforce prevention and treatment efforts among MSM nationwide. High-risk sexual behaviors continue to have very real consequences.

- *HIV Counseling and Testing Should be Routinely Offered in STD Clinics*

  When six STD programs in Texas began routinely offering HIV counseling and testing to *all* patients in STD clinics, rather than only to patients *perceived to be at high risk,* the number of HIV-infected patients identified increased 60%. The number of people who learned their HIV status for the first time increased 42%. These findings, to be presented by the Texas Department of Health, suggest that routine HIV counseling and testing in STD clinics could be an important mechanism for increasing the number of HIV-infected individuals who know their HIV status. HIV counseling and testing is an important first step in linking infected individuals to the treatment they need for their own health as well as prevention services that can protect against further transmission. It is also critical to screen and treat HIV-infected individuals for other STDs, for their health and the health of others. Treating other STDs in HIV-infected populations can reduce the transmissibility of HIV infection.

###

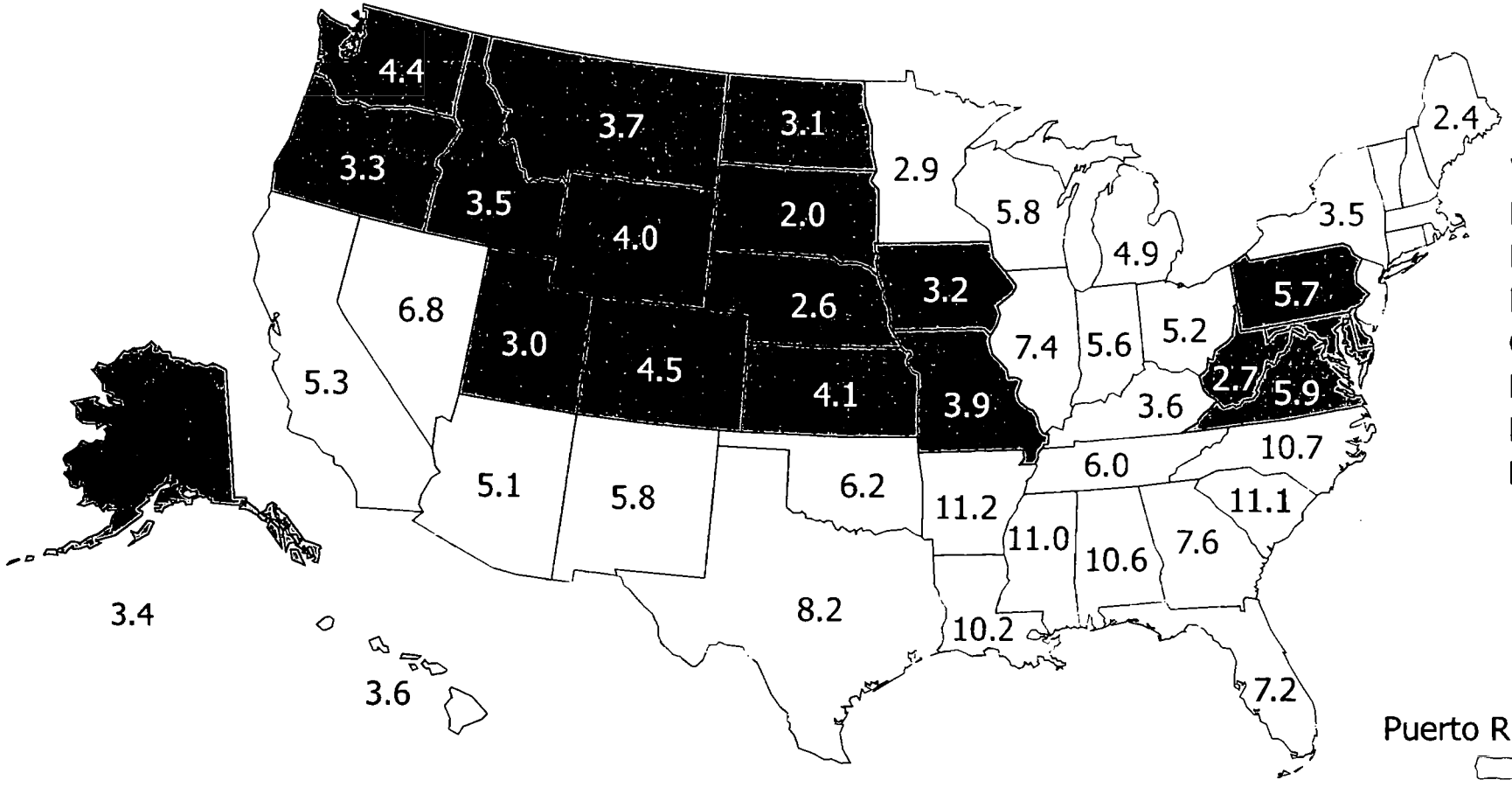
Top Twenty U.S. Cities* by Gonorrhea and Syphilis Rates



CENTERS FOR DISEASE CONTROL AND PREVENTION

Infertility/Chlamydia Prevention Program 1998

Chlamydia PrevalenceWomen
15-24 tested in family planning clinics, 1997 data



*Rhode Island - no chlamydia positivity data reported.
North Carolina - chlamydia positivity data reported for January-April only.

Coverage:
Regions III, VII, VIII, X = 40-50%
Regions I, II, IV, V, VI, IX = <15%

CENTERS FOR DISEASE CONTROL AND PREVENTION