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Office of National AIDS Policy

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Issues – Vaccine Tech Act of 1999
Issues – Welfare Reform Legal Action Center 11/98

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LEG Review – 3/97 HR 1219 Pelosi Prevention Bill
VA Amend to Title 38 11/97
LEG Review – HHS Oversight Testimony on Infectious Diseases
LEG Review Homeless Coalition HR 217 2/98
LEG Review Ricky Ray Act HR 1023 DOJ 2/98
LEG Review Health Professions 3/98
LEG Review Fair Housing HR 3206 3/98
LEG Review Fair Housing DOJ HR 3206 4/98
LEG Review Ricky Ray HR 1023 5/98
LEG Review Correction Officers Health and Safety Act 5/98 HR 2070
LEG Review Fair Housing Amendments HR 3206 5/98
LEG Review DOD Reauthorization Vaccine 7/98

LEG Review Hates Crimes Prevention Act of 1997, 7/17/98
Discrimination in the Federal Civilian Workforce Based on Sexual Orientation
LEG Review DC Appropriations HR 4380 8/98
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LEG Review Testimony on Human Research HHH 2/99
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LEG Review Mica Hearing Testimony 7/99

ORGS Family Research Council
Media _Press – Gay/Lesbian List
PACHA Charter (PACHA – Presidential Advisory Council on HIV/AIDS)
Recs and Responses (Approach)
PACHA Committees Discrimination
PACHA Committees Prevention
PACHA Prevention Conf. Calls 8/97
PACHA Committees – Prisons
PACHA Committees Process
PACHA Process Conf. Calls 8/6/97
PACHA Committees Research
PACHA Committees Services
PACHA Services – Conf. Calls 8/97
PACHA Conf. Call Schedules 8/97
PACHA Correspondence – NIH
PACHA Services Correspondence 7/97
PACHA Corres To/From
PACHA Corres To/From POTUS

CDC National Prevention Information Network

A Service of the National Center for HIV, STD, and TB Prevention

Operators of the CDC National AIDS Clearinghouse

P.O. Box 6003

Rockville, Maryland 20849-6003

Phone: (800) 458-5231 TTY: (800) 243-7012 Fax: (888) 282-7681 International: (301) 562-1050

CDC Broadcast Fax Cover Page

Date: 12\2\98

Pages: 8

To: TODD SUMMERS

Organization: WHITEHOUSE OFFICE OF NATL AIDS POLICY

Fax Number: 2024562438

Phone Number: 202 4562437

Subject: "NATIONAL REPORT CARD ON STD'S"

MAY CONTAIN TIME SENSITIVE INFORMATION

Please deliver to the intended recipient immediately! This fax may contain time sensitive information.

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

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

December 3, 1998

Dear Colleague:

I would like to call your attention to data that will be presented by the Centers for Disease Control and Prevention (CDC) at the 1998 National STD Prevention Conference, beginning on December 6, in Dallas, Texas. At the conference, CDC will issue a "national report card" on the status of the STD epidemic to highlight where progress has been made and identify geographic areas where increased attention must be focused in the next era of STD prevention.

Findings to be presented will include the following:

- 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 have high rates of both diseases.
- While syphilis and gonorrhea are isolated geographically, other diseases such as chlamydia, herpes, and human papillomavirus (HPV) remain extremely widespread.
- New data demonstrate a significant reduction in the percentage of young women with chlamydia in areas with widespread screening and treatment programs. While the programs can make a dramatic difference in preserving women's reproductive health, they currently reach only 50 percent of women at risk in 20 states, and less than 15 percent in 30 states.

Attached is a press release that provides an overview of data to be presented at the conference as well as key priorities identified by CDC in STD prevention. Next week you will also receive a press kit with this press release, three background articles, and a detailed STD trends document. We hope this advance information is helpful in responding in a timely manner to any media inquiries you may receive and will allow you to share important prevention news with your audiences.

Sincerely,

Helene D. Gayle

Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD, and TB 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."

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

Gonorrhea*

City	Cases	Rate per 100,000 Population
1. Newark, NJ	2,882	1,007.1
2. Baltimore, MD	6,693	991.0
3. Washington, DC	4,557	838.9
4. St. Louis, MO	2,901	825.2
5. Rochester, NY	1,867	769.6
6. Atlanta, GA	5,468	761.2
7. Detroit, MI	7,887	755.2
8. Richmond, VA	1,466	739.4
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

*Goal for nation by year 2000: 100.0 per 100,000

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. Newark, NJ	47	16.4
12. Birmingham, AL	107	16.2
13. Louisville, KY	107	15.9
14. Chicago, IL	346	11.8
15. San Juan, PR	99	11.4
16. Detroit, MI	101	9.7
17. Boston, MA	52	9.3
18. Milwaukee, WI	84	9.1
19. Indianapolis, IN	71	8.7
20. Charlotte, NC	48	8.0

*Goal for nation by year 2000: 4.0 per 100,000

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