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STD NEWS

A QUARTERLY NEWSLETTER OF THE AMERICAN SOCIAL HEALTH ASSOCIATION

volume 5
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Fall/Winter
1997/1998

asha

The American Social Health Association is the only nongovernmental organization dedicated solely to the prevention and control of all sexually transmitted diseases.

Linda Alexander New President of ASHA

Linda Alexander, PhD, FAAN, became president and chief executive officer of the American Social Health Association on July 1. In announcing her appointment, Leighton E. Cluff, MD, chair of the ASHA board of directors, said, "Dr. Alexander brings to this organization exceptionally strong skills in leadership, management and communication, along with a solid background as a clinician and researcher. These attributes, combined with her energy, enthusiasm and profound commitment to the fight against STDs, make her the ideal choice to lead ASHA into the 21st century."

As ASHA's director of women's health from 1992 to 1995, Alexander led a national education campaign on the disproportionate impact that STDs have on women, developing materials for health care providers, legislators and the public.

Most recently Alexander was vice president of women's health for United Information Systems in Bethesda, MD. In that position, she served as director of scientific peer review for the Department of Defense's Congressionally appropriated biomedical research in breast, ovarian and prostate cancer, osteoporosis and neurofibromatosis. She also held graduate faculty adjunct appointments at the University of Maryland and the Uniformed Services University of the Health Sciences in Bethesda.

From 1989 to 1993, Alexander was an assistant professor at the University of Maryland, where she developed the doctoral area of specialization in women's health in the Department of Health Education.

Alexander retired from the US Army Nurse Corps in 1989 after 21 years of active duty, with the rank of lieutenant colonel. Before retiring, she was a nurse epidemiologist and HIV educational evaluation coordinator within the Division of Preventive Medicine at the Walter Reed Army Institute of Research.

The American Academy of Nursing selected Alexander as a Fellow (FAAN) in 1996. In 1995, she was appointed by the Institute of Medicine of the National Academy of Sciences to serve on a commitee overseeing the Defense Women's Health Research Study.

Her publications include *Dimensions in Women's Health*, a college textbook co-authored with Judith LaRosa, and the accompanying instructor's manual. She also has published numerous journal articles and has presented papers at a number of professional conferences.

Alexander earned a PhD in health education at the University of Maryland, an MSN in community health nursing at the University of Texas and an MSEd in education and counseling from the University of Southern California. She holds a bachelor's degree in nursing from the University of Maryland.

Annual Report Available

ASHA has published its 1996-97 Annual Report. If you would like to receive a copy, please contact the Department of Public Relations. Contact information appears on the back page of this issue.

'It is interesting that we are plagued today with many of the challenges ASHA faced when it was founded 83 years ago. There is still a fundamental unwillingness in our society to talk about STDs.' See Interview, page 2.

March 9, 1998

U.S. Awakes to Epidemic of Sexual Diseases

By SHERYL GAY STOLBERG

BALTIMORE -- The burly man from the city Health Department who showed up at Gina G.'s apartment in early February brought unpleasant news: A blood test had revealed that Gina, a soft-spoken, bookish woman of 38, had been swept up in a raging local epidemic of a sometimes forgotten disease, syphilis.

"I just froze," she recalled tearfully, dabbing a crumpled tissue behind thick red-framed glasses. "I said, 'Syphilis?' And he said, 'Yes, ma'am. Make sure you come in as soon as you can.' And I closed my door, and went in my room and cried."

Today, Gina, who spoke on condition that her full name not be used, is being treated at a dilapidated city clinic, where doctors say penicillin shots, once a week for three weeks, should cure her. Her condition, which could cause serious heart or brain damage if left untreated, came as a shock; she has never had symptoms and has no idea how long she has been infected. But federal and local public health officials are hardly surprised.

These experts say the United States is in the throes of an epidemic of sexually transmitted diseases that in poor, underserved areas like Baltimore's inner city rivals that of some developing nations. For the last 17 years, AIDS, one of the deadliest sexually transmitted disease the world has ever faced, has preoccupied the public and the medical community, drawing time, money and attention away from other sexually transmitted infections. Yet as these other infections spread, researchers say, they are fueling the AIDS epidemic.

Alarmed by high rates of some of the most common sexually transmitted infections -- human papilloma virus, chlamydia and herpes -- as well as by local outbreaks of syphilis and gonorrhea, which are less prevalent, the Federal Centers for Disease Control and Prevention in Atlanta is starting a far-reaching campaign this year to curb sexually transmitted diseases, known as STD's. Outside experts describe it as the most intense federal effort of its kind since World War II.

"It is a national disgrace that we do not have in place in this country an effective STD prevention system," said Dr. Judith Wasserheit, who directs the centers' Division of STD Prevention. "The notion that we have a safety net of clinical and public health services to deal with the STD epidemic is a myth. In fact, much of the American public is not even aware that there is an epidemic."

Gina certainly was not. A former housekeeper who now attends college full time, she has been tested several times for HIV, the virus that causes AIDS. Her

time, she has been tested several times for HIV, the virus that causes AIDS. Her knowledge of syphilis came from watching a television special on the notorious Tuskegee experiment, in which poor black men in rural Alabama were left untreated for the disease. She did not realize it was still around.

"It's a real wake-up call," she said.

Officials at the disease control centers hope to extend that wake-up call beyond Baltimore. Beginning next year, the agency will institute a radical change in the way it distributes prevention dollars to the states; each health department that applies must enlist community partners, like school boards and managed care organizations, in its prevention campaign. The idea is not only to broaden the campaigns' reach, but to break what Dr. King Holmes, professor of medicine at the University of Washington, calls the "conspiracy of silence" that has allowed these infections to flourish.

The centers are also pressing to rid the nation of all new cases of syphilis; in 1996 there were 52,995. In his budget for the fiscal year 1999, President Clinton has asked Congress to appropriate $10 million for the elimination effort, which Dr. Wasserheit estimated would take at least 10 years. And this month, 30 leaders in education, health, religion and entertainment will convene in Washington to advise the CDC on how to get its message out, in much the same way AIDS activists have.

"There is a wellspring of public and policy debate now about sexually transmitted diseases," said the Rev. Beth Meyerson, who directs Missouri's prevention program and will attend the session. "It is really unprecedented."

Much of the debate was spawned by a 1996 report by the Institute of Medicine, the research branch of the National Academy of Sciences, titled "The Hidden Epidemic." The report, which concluded that "an effective national system for STD prevention currently does not exist," offered a blueprint for how to create one, from increasing medical research to the politically charged issue of offering condoms in schools.

An estimated 10 million to 12 million new cases of sexually transmitted infections are reported each year to the disease control centers; that is roughly 80 times the new cases of tuberculosis, HIV infection and AIDS combined. According to the institute, the government spent $230.8 million in 1995 on programs to prevent sexually transmitted infections other than HIV. But the direct cost of treating these infections was $7.5 billion.

While experts have long known that sexually transmitted diseases contribute to cervical cancer, infertility and infant mortality, a pressing reason to curb them is that doing so could help to curb AIDS.

People with syphilis, gonorrhea, chlamydia or herpes are two to five times as likely as others to become infected with the AIDS virus, in part because they may have open sores that provide HIV an easy route of entry to the body, Dr. Wasserheit said. In addition, those who have both HIV and another sexually transmitted infection are more likely to spread the AIDS virus during sexual contact and are thus more infectious, she said.

This is one reason the CDC is so worried about Baltimore's syphilis epidemic. In May, the federal agency took the unusual step of sending one of its employees, Dr. Noreen Hynes, on a long-term assignment to lead the city's fight against the epidemic.

"Baltimore has very high rates of HIV mortality, which we believe this epidemic is contributing to," Dr. Hynes said. "Now people are beginning to realize that separating out HIV from other STD's is not appropriate."

While each of these diseases follows its own pattern, the picture as a whole is bleak. National rates of syphilis and gonorrhea, which are easily cured with antibiotics, have dropped steadily over the last decade, but still far exceed those of any other industrialized nation. The rates are particularly high in rural and inner-city areas where access to health care is poor; Dr. Wasserheit said 4 percent of African-American girls ages 15 to 19 were infected with gonorrhea.

The risk is hardly limited to African-Americans or people of low income. While data are incomplete for human papilloma virus and chlamydia, experts agree they are becoming increasingly common among teen-agers, including those who are middle class. A three-year survey at Rutgers University, published last month, found that 60 percent of female students had been infected with the human papilloma virus.

Herpes, meanwhile, is spreading at a surprising pace. A study released last October by the disease control centers found that one in five Americans older than 12 was infected with the genital herpes virus, a 30 percent increase from two decades ago. Rates among white teen-agers quintupled.

In New York City, officials say chlamydia is the most pressing problem; teen-agers account for about 40 percent of the 25,000 cases reported each year. "A large amount of chlamydia in a city with a large amount of HIV is a dangerous combination," said Dr. Isaac Weisfuse, the assistant commissioner of the city Health Department.

Unlike breast cancer or Parkinson's disease or AIDS, sexually transmitted diseases have no natural constituency; patients and politicians do not go to Washington to fight for money to prevent them. Moreover, experts say, doctors are not on the lookout for these infections. A 1994 nationwide survey of 450 doctors and 514 other health care professionals, cited in the Institute of Medicine report, found that 60 percent of the doctors and 51 percent of the other providers did not routinely evaluate their new patients for sexually transmitted diseases.

"Sexually transmitted diseases are not on anybody's radar screen," complained Dorothy Mann, executive director of the Family Planning Council in Philadelphia. "They are seen by mainstream medicine as relegated to some other kind of people, not the kind of people they see. And that is just not true."

In Baltimore, city officials said that 115 infants were born infected with syphilis over the last two years, in part because doctors failed to screen the mothers. Some were stillborn, said Dr. Peter Bielenson, the city commissioner of health; others have suffered mental retardation and other complications.

"It's outrageous," Bielenson said. "In the county surrounding us, in a nice hospital, we had two moms who tested positive. But the doctor did not believe the moms tested positive and the babies were born, with bad outcomes."

Different people offer different explanations for the Baltimore epidemic, which began in 1994 and has earned the city what Hynes called "the dubious distinction" of having syphilis rates that are 18 times the national average, the highest in the country. For every 100,000 people in Baltimore, 80 are infected; the rate is three to four times higher in areas where the epidemic is most

the rate is three to four times higher in areas where the epidemic is most concentrated.

Bielenson blames a wave of crack use that fueled the inner-city drugs-for-sex trade. Others, including some at the CDC, point to urban redevelopment; when public housing projects were torn down, they say, "sexual networks" were broken up as carriers were scattered to other parts of the city, where they found new partners.

In any event, the epidemic has now moved out of the inner city -- not to the suburbs, but to less impoverished areas that ring the inner city, said Dr. Jonathan Zenilman, an associate professor of medicine at Johns Hopkins University, who has been keeping detailed case maps. "Saying that this is a drug-related epidemic is a disservice," he said.

Gina is typical; she said she does not use drugs and does not associate with anyone who does. "Many of our patients are innocent victims," said Jackie Miller, the physician's assistant who administered Gina's penicillin shot on a recent morning. "They are totally freaked out."

However it began, experts agree that syphilis got out of hand when, just as the epidemic began to skyrocket, local and federal budget cuts prompted the city to scale back its two sexually transmitted disease clinics, which together diagnose and treat half the reported infections in Baltimore.

The number of nurse practitioners and physician's assistants, Bielenson said, dwindled from 16 to 10. Patients were turned away; the number of annual visits to the clinics dropped from 36,000 in 1990 to 22,000 in 1996. In addition, the city lost some workers who were responsible for tracking down the sexual partners of those who were infected and bringing them in for treatment.

In many cities, Dr. Wasserheit said, the story has been the same. "There are over 3,000 local health departments in this country," she said. "Only half even provide STD services."

Baltimore, she said, "is an excellent example of what happens when people are not paying attention."

Over the last six months, city officials have taken great pains to turn the epidemic around. Bielenson, the health commissioner, said he had drummed up more than $400,000 in help from the city, state and federal governments; the money is being used to hire more clinic workers and case trackers.

Among these gumshoes is Sheridan Johnson, the burly man who last month knocked on Gina's door. His colleagues call him "Super-Epi," as in epidemiologist, for his ability to find patients and bring them in for treatment. He says he is successful more than half the time; last year, he and his colleagues found and examined 48 percent of the people they were looking for.

Theirs is a challenging task, requiring persistence and a gift for smooth talking. On a recent Friday afternoon, Johnson had five potential syphilis patients on his call list; after knocking on five doors, he found only one, who insisted she had already been tested and that the test proved negative.

Another had given his address as a homeless shelter, and Johnson left yellow cards that declared, "This is Urgent!" at the homes of the other three. "Hopefully," he said, "they'll call me."

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The Hidden Epidemic: Confronting Sexually Transmitted Diseases, Institutes of Medicine

SUMMARY

The Hidden Epidemic

Confronting Sexually Transmitted Diseases

INSTITUTE OF MEDICINE