



September 29, 2006

Dear Syphilis Elimination Coordinators:

Since the launch of the updated **National Plan to Eliminate Syphilis from the United States: Together We Can SEE**, it has been a busy time for the U.S. Syphilis Elimination Effort (SEE) in general and the CDC SEE Coordination Team in particular. To new SEE Coordinators we extend a warm welcome to our network. The purpose of this correspondence is to provide quarterly progress reports and other information useful for the effort.

Progress to Date

The Division of STD Prevention’s Syphilis Elimination Implementation Monitoring Group (IMG) is engaged in a number of key activities that support the national effort. (For more information about the IMG please see the November 2005 edition of the Syphilis Elimination Coordinators’ Letter.) Included in the table below is a list of some of the many IMG activities currently underway.

Current Activities for Syphilis Elimination

SEE Strategy	Activity
Enhanced Surveillance	Developing methods for conducting national quality assurance of congenital syphilis report data and providing feedback to the project areas
Outbreak Response	Facilitating syphilis outbreak response planning by providing an outbreak response plan template and planning guidance, directions for setting outbreak thresholds
Partner Services	Designing and implementing the new case interview record
Clinical Services	Preparing a “best practices” monograph for implementing jail screening and treatment programs
Lab Services	Developing and evaluating a rapid syphilis test
Tailoring Interventions	Conducting formative research with MSM to inform the development of materials and interventions for increasing syphilitic ulcer recognition among MSM
Training and Staff Development	Organizing and conducting the <i>Syphilis Elimination Effort-Experts Webinars</i>
Evidence-Based Action Planning	Developing the SEE Evidence-based action planning template

Using Evidence-Based Approaches for Syphilis Elimination

As listed in the table above, the IMG is currently working on a template that will be vetted with STD program partners, and made available to STD project areas in time for FY 2008 CSPS continuation applications. Increasingly, STD programs are moving towards more evidence-based approaches. Moreover the updated SEE Plan strongly emphasizes the need for more accountable syphilis elimination activities. The better syphilis elimination interventions are planned, managed, and monitored, the more successful they are likely to be. Changes are always occurring that may require adjustments in programmatic activities (e.g., epidemic trends, staff-turnover, funding allocations). Evidence-based action planning helps to ensure that these adjustments are made more efficiently and effectively. Using evidence (i.e., quantitative and qualitative data) to inform program activity is generally an iterative process; which is to say that data are used to inform initial program implementation, and continues to be used over time to guide subsequent program implementation actions, all aimed at improving program success. The SEE evidence-based action plan template will be designed to facilitate the collection of information on key syphilis

elimination activities, including tracking the resources required to implement them, and ongoing evaluation of the effectiveness.

Dear Colleague Letter Addressing Methamphetamine Use and Sexual Risk

In a Dear Colleague Letter, published August 18, 2006, the Director of the National Center for HIV, STD, and TB Prevention (NCHSTP) addressed the intersection of methamphetamine use and sexual risk behavior. Studies have found a two-fold increase in sexual risk behavior or STIs among methamphetamine users compared to peers who do not use methamphetamine. Multiple outbreaks of hepatitis A and hepatitis B among methamphetamine users and outbreaks of tuberculosis have also been identified in the United States over the past decade. A list of key program and research questions are featured in the Public Health Reports paper included as an appendix to the Dear Colleague Letter. To access this letter, its appendices, and other important information, please visit www.cdc.gov/nchstp/od/dear_colleague.

Also in Print

Chatterjee N, Hosain GMM, Williams S. **Condom use with steady and casual partners in inner city African-American communities.** *Sex Transm Inf* 2006; 82:238-242.

Gift TL, Hogben M. **Emergency department sexually transmitted disease and human immunodeficiency virus screening: Findings from a national survey.** *Academic Emergency Medicine* 2005; 13(9):993-996.

Pathela P, Blank S, Seil RL, Schillinger JA. **The importance of both sexual behavior and identity.** *American Journal of Public Health* 2006;96(5):765 (note: author reply also attached)

Aral SO, O'Leary A, Baker C. **Sexually transmitted infections and HIV in the Southern United States: An overview.** *Sexually Transmitted Diseases* 2006; 33(7):S1-S5.

Foxman B, Newman M, Percha B, Holmes KK, Aral SO. **Measures of sexual partnerships: Lengths, gaps, overlaps, and sexually transmitted infection.** *Sexually Transmitted Diseases* 2006; 33(4):209-214.

Remember to Visit the Syphilis Elimination Website! (www.cdc.gov/stopsyphilis). Should you have any further questions or suggestions we are eager to hear from you. Please contact Jo Valentine directly at (404) 639-8366 or via electronic mail at jvalentine@cdc.gov. In the coming weeks we will also be in touch with you for your help with conducting an inventory of the specific SEE interventions and activities you are implementing across the country.

The CDC Syphilis Elimination Effort Coordinating Team



News Notes

Health Alert Network Notice: Inappropriate Substitution of Bicillin® C-R for Bicillin® L-A in New York City (NYC). For access to this important alert go to: www.nyc.gov/health/nycmed and follow the registration instructions. If you have any questions or problems, call 1-888-NYCMED9 or write to nycmed@health.nyc.gov.

In August 2006, CDC deployed to Jefferson County, Alabama to conduct an Epi-Aid and accomplish the following objectives: 1) to describe in detail the early syphilis epidemic in Birmingham, Alabama; 2) to use data to assess current interventions, and to the degree possible, prior interventions; 3) to use data to inform future prevention interventions; 4) to recommend evidence-based efforts to prevent additional cases of syphilis; and 5) to recommend any quality improvement efforts to enhance syphilis surveillance and prevention.