



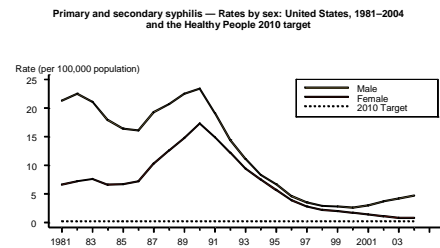
February 27, 2006

Dear Syphilis Elimination Coordinators:

As many of you may know Dr. Kevin Fenton, who was CDC's Chief of Syphilis Elimination Activities, is now the new director for the National Center for HIV, STD, and TB Prevention! We will greatly miss working closely with him, but he does remain committed to the Syphilis Elimination Effort (SEE), and there will be a variety of opportunities to benefit from his expertise and commitment. Jo Valentine will serve as the Division of STD Prevention's principal coordinator of the SEE, very ably supported by the SEE Implementation Monitoring Group. (For more details about the Implementation Monitoring Group please see the November 17, 2005 edition of the Letter to the SEE Coordinators.)

Progress to Date and the Challenges of Changing Epidemiology

The goal of the 1999 National Plan was to reduce the incidence and transmission of infectious syphilis in the United States. When the 1999 plan was launched infectious syphilis was largely endemic in underserved heterosexual minority U.S. populations. However, following significant decreases during the 1990s, U.S. P&S syphilis rates began increasing in 2000, and by 2004 the number of P&S cases was at 7,980. These increases have largely been seen among men, based on data published in the 2004 annual Surveillance Report (www.cdc.gov/std/stats). A significant proportion of these men are also HIV positive, and increasingly syphilis cases are being reported from non-STD clinic sources. We should remain vigilant for potential increases of syphilis in heterosexual women as well as for increases in congenital syphilis, however, SEE interventions will need to be carefully targeted and tailored to effectively reach and serve a variety of affected persons.



Note: The Healthy People 2010 target for P&S syphilis is 0.2 case per 100,000 population. CDC

Together We Can SEE-- The National Plan to Eliminate Syphilis from the U.S. 2006-2010

Currently the new Syphilis Elimination plan, "Together We Can SEE" is being vetted with both internal and external partners and stakeholders. The anticipated launch date for "Together We Can SEE" is May 2006. The proposed new plan is based on what we call a 3X3 Approach, and is highlighted in the table below.

The 3X3 Approach to the SEE	
Goals	Strategies
Invest in & Enhance Public Health Services	<ol style="list-style-type: none"> 1. Improve & enhance surveillance 2. Improve & QA clinical and partner services 3. Improve & QA lab services
Prioritize & Target Interventions	<ol style="list-style-type: none"> 1. Mobilize affected communities 2. Create and mobilize health alliances 3. Tailor interventions for affected populations
Enhance Accountability and Implementation	<ol style="list-style-type: none"> 1. Training & staff development 2. Evidence-based program planning, monitoring & evaluation 3. Research & development

Health Communication Technical Assistance Opportunities

The Division of STD Prevention Behavioral Interventions Research Branch announces the availability of Health Communication consultation, assistance and support, and includes: strategic health communication planning, quality assurance in health communication programs, products, and initiatives, training on *CDCynergy* and the STD Communications Database, developing & implementing communication materials/programs, conducting process & outcome research and evaluation, organizing community mobilization activities, selecting and working with ad

agencies and consulting groups, and providing communication- and science-based (subject matter expertise) feedback on draft messages & tag lines. Please contact your program consultant **AND** Steve Middlekauff by phone (404-639-8296) or via email (slm1@cdc.gov) with your Health Communication training and technical assistance requests. See **Appendix 1** for additional details.

Visit the Syphilis Elimination Website!

Remember to visit the Syphilis Elimination website (www.cdc.gov/stopsyphilis). Recently posted items include: *the August 2005 SEE Consultation Meeting report, the SEE Listening Tour report, the 2004 Syphilis Surveillance Annual Report Supplement, and the Syphilis Elimination update state profiles.*

And Recently in Print

Ballard, R, Berman, S, and Fenton, K. Azithromycin versus penicillin for early syphilis. *N Engl J Med* 2006;354:203.

Peterman TA, Collins DEE, Aral SO. Responding to the epidemics of syphilis among men who have sex with men: introduction to the special issue. *Sex Transm Dis* 2005;32:S1-S3.

Peterman TA, Heffelfinger JD, Swint EB, Groseclose SL. The Changing Epidemiology of Syphilis. *Sex Transm Dis* 2005;32:S4-S10.

Douglas JM Jr., Peterman TA, Fenton KA. Syphilis among men who have sex with men: challenges to syphilis elimination in the United States. *Sex Transm Dis* 2005;32:S80-S83.

Peterman TA, Kahn RH, Ciesielski CA, Ortiz-Rios E, Furness BW, Blank S, Schillinger JA, Gunn RA, Taylor M, Berman SM. Misclassification of the stages of syphilis: Implications for surveillance. *Sex Transm Dis*. 2005;32:144-149.

Next Steps

The spring will be a busy one for the SEE Coordinating Team. Remember to visit the Syphilis Elimination website. 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.

The CDC Syphilis Elimination Effort Coordinating Team



News Notes

The 2004 Syphilis Surveillance Supplement Annual Report

The new report is available online at: www.cdc.gov/std/Syphilis2004/

The 2004 Annual STD Surveillance Report

The new report is available online at: www.cdc.gov/std/stats.

Benzathine Penicillin Availability Update

King Pharmaceuticals is on track with their plans for a new facility which will allow them to manufacture Bicillin-LA at full capacity. Project areas should remain vigilant with monitoring their Bicillin-LA supplies and placing orders in advance to allow for any delays. As a reminder, project areas should be particularly careful to ensure that they receive the proper formulation of benzathine penicillin used to treat syphilis which is Bicillin-LA and NOT Bicillin-CR. For project areas participating in the 340B public health pricing program, the public health price for the first quarter of 2006 is \$111.60 for 10 syringes of 2.4mu Bicillin-LA and \$57.47 for 10 syringes of 1.2mu Bicillin-LA. If a project area is having problems with securing Bicillin-LA, please see the Dear Colleague Letter from the Division of STD Prevention dated 8/22/05, at <http://www.cdc.gov/std/Syphilis/BicillinLA8-22-05.pdf>. And please note there is a new contact for King Pharmaceuticals, Mr. Joel Newton at 423-990-8373.

Appendix 1

HEALTH COMMUNICATION TECHNICAL ASSISTANCE

What is Health Communication?

The crafting and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities.

Audience-centered health communication efforts are more effective in reaching and motivating target audiences to change their attitudes and behaviors. This requires the design and delivery of messages that are adapted to the needs, perceptions, preferences, and situations of the intended audiences— rather than the needs and goals of the messages designers/institutions.

Health Communication consultation, assistance and support are available for:

- Strategic Health Communication Planning
 - identifying which program objectives can benefit from health communication strategies
 - setting communication goals and objectives
 - identifying target audiences and relevant partners
 - developing an action plan for health communication activities using *CDCynergy*, *STD Communication Database*, and other behavioral & health communication databases.
- Quality assurance in health communication programs, products, and initiatives (re: social marketing strategies, best practices in communications, audience research, theoretical approaches to health communication programs, etc.)
- Conducting needs assessment & formative research to identify social, behavioral, contextual, and other factors that put individuals/communities at risk
 - identifying research questions/data needs for development of effective health comm. materials/interventions that respond to audiences' needs & values
 - developing needs assessment tools (surveys, focus group moderator guides, interview guides, etc.)
 - planning & analyzing focus groups, in-depth interviews, etc.
 - reviewing available/existing research (via communication databases, published literature)
- Training on CDCynergy and STD Communications Database
- Developing & implementing communication materials/programs
- Conducting process & outcome research and evaluation
 - developing evaluation plan
 - developing evaluation tools/strategies
- Community mobilization activities
 - conducting community forums
 - identifying, developing & maintaining partnerships
- Selecting and working with ad agencies and consulting groups
- Providing communication- and science-based (subject matter expertise) feedback on draft messages & tag lines

Please contact your program consultant AND **Steve Middlekauff by phone (404-639-8296) or via email (slm1@cdc.gov)** with your Health Communication training and technical assistance requests.