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

December 20, 2006

Dear Syphilis Elimination Coordinators:

**Season's Greetings and Happy Holidays.** As we come to the end of 2006, we pause to reflect on a number of important Syphilis Elimination accomplishments for the year. Chief among these was the launching of the updated *National Plan to Eliminate Syphilis from the United States: Together We Can* at the National STD Prevention Conference in May 2006. It is also a time to review the significant challenges ahead of us as we continue to chart the way forward to syphilis control and prevention. The newly formatted Syphilis Elimination Plan and the Technical Appendix of supporting background papers are now live on the CDC public website at <a href="www.cdc.gov/stopsyphilis">www.cdc.gov/stopsyphilis</a>. Although hard copies of both documents will be mailed shortly to state and local syphilis elimination program coordinators, these documents are also currently downloadable from the CDC website in PDF formats.



# **Status of the Epidemic**

Also now available on the CDC public website are the 2005 STD Surveillance Report and the 2005 Trends document at <a href="www.cdc.gov/STD/stats/default.htm">www.cdc.gov/STD/stats/default.htm</a>. The 2005 report notes a 9.3% increase in P&S syphilis cases reported to CDC in 2005, increasing to 8,724 from 7,980 in 2004. The rate of P&S syphilis in the United States in 2005 (3.0 cases per 100,000 population) was 11.1% higher than the rate in 2004 (2.7 cases per 100,000 population), and remains greater than the Healthy People 2010 target of 0.2 case per 100,000 population. Between 2004 and 2005, P&S syphilis rates in most age groups increased. Beginning in 2000 and continuing through 2005, increases among men who have sex with men occurred. These men have also been found to have high rates of HIV co-infection and high-risk sexual behavior. In 2005 the P&S rate also increased among women, going from 0.8 cases per 100,000 population in 2003 and 2004 to 0.9 cases per 100,000 population in 2005. However, between 2004 and 2005, the overall U.S. rate of congenital syphilis decreased 12%, from 9.1 to 8.0 cases per 100,000 live births.<sup>1</sup>

# **Anticipated Syphilis Elimination Activities for 2007**

In 2006, the Division of STD Prevention's Syphilis Elimination Implementation Monitoring Group (IMG) engaged in a priority setting process for CDC's syphilis elimination activities. The deliberative process was guided by the *required* and *recommended* activities detailed in the 2006 elimination plan. Several important priority areas emerged: 1) developing and implementing an evidence-based action plan template; 2) ensuring screening and treatment of all pregnant women for syphilis, 3) developing and providing broadly applicable tools and methods for syphilis diagnosis, prevention and control, including outbreak response plan guidance; and 4) promoting the use of web-based communications for sharing and exchanging syphilis elimination information. Table 1 lists key IMG activities to be accomplished in 2007. We will be vetting the newly developed evidence-based planning guidance with state and local coordinators and other key stakeholders in January 2007. We also plan to institute a "webinar" series for state and local syphilis elimination coordinators beginning in the Spring of 2007.

Prepared by: J Valentine 1

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2005. Atlanta, GA: U.S. Department of Health and Human Services, November 2006.

# **Table 1 Key Syphilis Elimination IMG 2007 Activities**

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Activity	Date
Continue the Syphilis Elimination Effort-Experts Webinars	On-going
Institute "webinar" series for Syphilis Elimination Coordinators	Spring 2007
• Develop methods for conducting quality assurance assessment methods for adult and congenital syphilis surveillance data and providing feedback to the project areas	Spring 2007
Develop guidance for outbreak response planning	In-progress
Develop and implement the SEE Evidence-based action planning template and guidance	Summer 2007
<ul> <li>Conduct formative research with MSM to inform the development of materials and interventions for increasing syphilitic ulcer recognition among MSM</li> </ul>	Summer 2007
Develop and evaluate a rapid syphilis test	Winter 2007

#### **Technical Assistance Resources**

The Evaluation Team at the Office of Strategy and Innovation (OSI) announces that handouts are available from many of the sessions conducted at this year's **6th Annual Summer Evaluation Institute.** You need not have attended the Institute to access the handouts from the sessions. To access handouts, go to <a href="https://www.eval.org/SummerInstitute/06SIagenda.asp">www.eval.org/SummerInstitute/06SIagenda.asp</a>, or go to the American Evaluation Association site, <a href="https://www.eval.org">www.eval.org</a> and click on the link for the "Summer Institute", and the click on the "agenda". If you have questions or problems, please directly contact Tom Chapel at <a href="https://rchapel@cdc.gov">TChapel@cdc.gov</a>.

## **Also in Print**

Gilley, BJ. 'Snag bags': *Adapting condoms to community values in Native American communities*. Journal of Culture, Health & Sexuality, November-December, 2006; 8(6): 559-5570.

O'Leary, A & Jones, K. *Bisexual men and heterosexual women: how big is the bridge? How can we know?* Sexually Transmitted Diseases, 2006; 33(10): 594 -595.

Fergusson, DM, Boden, JM, and Horwood, LJ. *Circumcision Status and Risk of Sexually Transmitted Infection in Young Adult Males: An Analysis of a Longitudinal Birth Cohort. Pediatrics* 2006;118;1971-1977. The online version of this article is located at <a href="www.pediatrics.org/cgi/content/full/118/5/1971">www.pediatrics.org/cgi/content/full/118/5/1971</a>.

Remember to Visit the Syphilis Elimination Website! (<a href="www.cdc.gov/stopsyphilis">www.cdc.gov/stopsyphilis</a>). As always, 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 <a href="www.cdc.gov">jvalentine@cdc.gov</a>.

# Best Wishes for a Safe and Healthy 2007!

The CDC Syphilis Elimination Effort Coordinating Team



### **News Notes**

King Pharmaceuticals, Inc. announced a new Bicillin L-A with product package and design changes on November 21, 2006. Effective January 1, 2007, King Pharmaceuticals will begin accepting orders for the new Bicillin L-A. What has changed?

- No Tubex Injector
- Improved Package Design
- New King NDC and Label
- New Pricing (public health price assessed quarterly)

If you have any questions, concerns or emergency requirements, please feel free to contact:

Customer Service, King Pharmaceuticals, Inc., 100 18 Street, Bristol, TN 37620, 888-840-5370, 866-990-0545 (fax). For additional instructions on ensuring adequate supplies, please see the Dear Colleague Letter dated 8/22/05, <a href="http://www.cdc.gov/std/syphilis/BicillinLA8-22-05.pdf">http://www.cdc.gov/std/syphilis/BicillinLA8-22-05.pdf</a>.

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