

LATE BREAKER ORAL ABSTRACTS

Disease Control and Surveillance at the Los Angeles County Men's Central Jail – Public Health Response to a Syphilis Outbreak, April through September 2000

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Background and Rationale: From March through April 2000, 77 cases of early syphilis among men who have sex with men (MSM) were reported in Los Angeles County. Two cases were identified in a voluntarily-segregated unit of self-identified MSM inmates (the K-11 unit) of the Men's Central Jail and indicated sexual contacts while incarcerated in the jail.

Objectives: To identify and treat cases of syphilis and to detect risk behaviors for syphilis. To determine the extent of syphilis, HIV, and other STDs among incarcerated MSMs.

Methods: Between 4/1/00 and 9/30/00 screening of all MSM inmates for syphilis, HIV, gonorrhea, and chlamydia, mass prophylaxis with single dose (1g) oral azithromycin, and the implementation of a behavioral survey.

Results: Among 811 inmates screened, 37 (5%) tested positive for syphilis and 67 (8%) for HIV. Eleven syphilis cases were linked to the outbreak. No new cases have been detected since mid-August. Among 144 inmates surveyed, 7 (5%) had symptoms of syphilis at the time of the survey and 21 (15%) self-reported being HIV positive. Within the past 6 months, 70 (41%) were previously incarcerated, 51 (35%) reported having had anonymous sex, 21 (15%) had more than 10 sexual partners, and 32 (22%) had 3-10 partners. Eighty-nine (62%) and 57 (40%) inmates reported no condom use at last sexual encounter with main or other partner, respectively.

Conclusions: Screening efforts in the jail setting detected new cases of syphilis during the onset of an outbreak. High-risk sexual behavior is common among newly incarcerated MSMs; this population also has a high prevalence of syphilis and HIV. Prophylactic treatment with azithromycin may be effective in containing syphilis in a confined environment, although further evaluation is necessary.

Learning Objectives: Describe the correctional setting as an opportunity for screening, treatment, case management, and risk behavior detection during an outbreak response.

Time to Treatment Among HIV-Positive Patients: Rapid Versus Conventional HIV Test

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Background: Delayed receipt of positive standard HIV test (ST) results and delayed entry into care are common problems in public clinics.

Objectives: To determine if rapid HIV testing (RT) affects the time between testing and treatment visit, we compared time from test to treatment for HIV positive (HIV+) patients receiving either RT or ST.

Methods: Cross-sectional study comparing patients attending the CORE Center STD Clinic in Chicago, that were HIV+ by either RT or ST. Patients who had received RT were part of a feasibility study offering RT between October 1999 to August 2000 and compared to HIV+ patients who had received ST during the previous year. Time to treatment was measured in days from HIV test date to first treatment visit date. Statistical analyses were performed by t-test.

Results: 134 patients were HIV+ by either RT or ST. 36 HIV+ were from RT study between October 1999 and August 2000. 98 HIV+ had previously received ST. 36

of 36 RT HIV+ patients versus 46 of 98 (47%) ST patients received their results at post-test session (OR=2.2, $p<.01$). 31 (86%) of 36 HIV+ RT patients and 69 (70%) of 98 ST patients kept their first treatment visit (OR=2.6, $p<.05$). Mean time to visit for RT patients was 9.61 (S.D.=3.82) days versus 54.7 (S.D.=67.6) days for ST patients ($p<.002$). 5 (14%) of 36 RT patients arrived in treatment 24.6 (S.D.=24.9) mean days following testing; 29 (30%) of 98 ST HIV+ patients had no treatment record.

Conclusions: Rapid HIV testing was associated with decreased time to treatment and increased compliance with initial clinic appointment compared to conventional HIV testing.

Learning Objective: Describe the affect rapid HIV testing can have on time to treatment of HIV infected patients.

The Effect of Treatment of Bacterial Vaginosis with Oral Clindamycin on Pregnancy Outcome

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Background: Bacterial Vaginosis (BV) is associated with increased risks of mid-trimester pregnancy loss and preterm birth. In women at high risk of preterm delivery, the eradication of BV has been shown to be beneficial. However, treatment of BV in the general and unselected population of pregnant is controversial. Studies showing lack of benefit of antibiotic treatment initiated therapy late in the second trimester and may have missed pregnancies destined for late miscarriage and very early preterm delivery.

Objective: To determine the effect of treatment of BV early in the second trimester on late miscarriages and preterm birth, in an unselected population of pregnant women.

Methods: 457 BV positive pregnant women in the second trimester of pregnancy (12-18 weeks) were randomized to receive oral clindamycin 300mg twice daily for 5 days or placebo in a triple blind and clinical trial. The diagnosis of BV was made by Gram stain of air-dried vaginal smears prepared from self-administered swabs.

Results: Of the 234 women randomized to take clindamycin, 2 (0.85%) had late miscarriage and 20 had preterm birth. In the placebo group, 8 (3.58%) of the 223 women had late miscarriage and 27 had preterm birth [$p=0.04$ OR 0.30 95%CI 1.09 – 18.67 for late pregnancy outcome is 22/234 (9.40%) for the clindamycin group compared to 35/223 (15.70%) for the placebo group [0.03 OR 0.55 95%CI 0.31 – 0.97].

Conclusion: Oral clindamycin treatment of BV early in the second trimester may reduce late pregnancy losses and possibly preterm delivery in the general population of pregnant women.

Longitudinal Assessment of the Acquisition of Herpes Simplex Virus Type 2 Infection by Adolescent Girls: Implications for Vaccine Evaluation

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Introduction: Genital herpes is a common life-long recurrent sexually transmitted infection that disproportionately affects women. The most realistic strategy for the control of herpes simplex virus type 2 (HSV-2) may be vaccination.

Objectives: To determine if the attack rate of HSV-2 infection among adolescent girls is sufficiently high as to make this population suitable for testing of HSV vaccines. To determine if immunity resulting from previous HSV-1 infection affords protection against HSV-2 infection.

Methods: Longitudinal analysis of serological data from 174 adolescent girls who were between 12 and 15 years at recruitment. They were recruited from an adolescent clinic to participate in a 3 year study of psychosexual development. Attack rate was determined by time to acquisition of HSV-2 infection as defined by seroconversion.

Results: The attack rate for HSV-2 infection was 3.6 cases per 100 person years for all girls and 5.0 cases per 100 person years among the sexually experienced girls. The attack rate for those with pre-existing HSV-1 immunity was significantly lower than that of those lacking HSV-1 immunity (RR=3.94, 95% CI=1.35-11.49; $c^2(1) = 7.53$; $p < 0.006$).

Conclusions: The results of this study suggest that adolescent girls have an HSV-2 attack rate that is sufficiently high to make them a suitable and important population for Phase III evaluation of HSV-2 vaccines. The finding that pre-existing immunity to HSV-1 may protect girls from HSV-2 acquisition supports the concept that vaccines can be developed that protect against HSV-2 infection. Pre-existing HSV-1 immunity should be considered in designing clinical trials to evaluate the efficacy of HSV-2 vaccines in women.

Learning Objective: Describe attack rate of HSV-2 and impact of pre-existing HSV-1 immunity.

Web-based Performance Tracking and Training to Improve Screening and Treatment for STDs: Development of *Idweb*

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Background: Surveillance for STDs is hampered by providers' underutilization of screening tests and by mechanisms of reporting that often fail to capture

many events of interest. Underutilization of screening tests can be due to providers' inadequate knowledge of current screening recommendations and to overestimating the extent to which they currently screen. Treatment is likewise not always based on current recommendations. Performance feedback and training have been shown to improve the quality of care given by providers.

Objectives: Develop a web-based system, *IDweb*, to track provider and clinic performance measures for syphilis, gonorrhea, Chlamydia, HIV, and hepatitis B, and to offer monthly performance feedback and training to participating clinics and providers.

Methods: We addressed technical issues in data extraction, filtering, and importation; translating site-specific laboratory and medication vocabularies; database and query design; secure login, encryption and data security; using routine data for surveillance tables and provider indicators; and how to organize and provide web-based feedback and training. Data is from patient, laboratory, diagnosis, and medication fields already present in Indian Health Service's computerized databases.

Results: *IDweb* is a fully functional web-based system with secure login, defined views for providers and administrators, and query and training features. Twelve clinical indicators for tracking provider performance, and seven summary measures for program performance, have been defined. Links to training for each indicator are in place or being developed.

Conclusions: *IDweb* provides training and feedback to providers and clinics to improve the quality of STD screening and care. It uses algorithms on clinical data to detect most incident cases and yield reliable results for surveillance and control. Performance will be evaluated after 6 months of operation.

Learning Objective: Understand the various issues in, and potential for, using web-based technologies to support improved surveillance and clinical care for STDs.

Testing New Technologies: Can an Internet Survey Obtain Valid National Estimates?

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Background: Representative data on knowledge, attitudes and behaviors related to HIV and other STDs are essential for successful prevention programs. Newly developed survey methods using the internet enable rapid measurement of attitudes and behaviors in a large, nationally-representative sample.

Objectives: To demonstrate how the latest internet survey methodology can be used for STD prevention and public health policy issues, using a series of questions on HIV stigma and related beliefs.

Methods: The survey employs standard random digit dialed sampling methodology to obtain a national probability sample of U.S. households. Selected households are provided internet access and Web-TV© hardware in exchange for their participation in weekly surveys. These sampling methods eliminate the major bias inherent in previous internet samples, while preserving the ability to utilize internet technologies to conduct interactive surveys and to test messages using high-quality graphics. To test the new method, a subsample of 7,493 persons 18 and older was drawn from the existing panel of 40,000 households. Standard questions measuring HIV stigma and related beliefs were administered.

Results: The test survey was successfully completed in Sept., 2000 by 6306 respondents. The demographics of the subsample were distributed similarly to that of the U.S. population; 49.3% of the respondents are female, 9.8% were black, 8.8% Hispanic, and 73% white. National estimates were obtained on three dimensions of HIV stigma: misinformation about transmission (41.4% stated there was some likelihood of acquiring HIV through sharing a glass), concern about casual contact with an infected person (42.5% indicated some concern about having a child in school

with an infected child), and blame (16.7% thought that those who acquired AIDS through sex or drug use deserved it).

Conclusions: This new internet-based survey system appears to be a promising method of rapidly obtaining national estimates related to STD prevention and public health policy. The advantages of this methodology over traditional phone surveys include the ability to obtain results quickly from a large sample, and the ability to utilize internet technologies within surveys, employ experimental designs, and follow-up with respondents longitudinally. Limitations of the sampling methodology are similar to traditional phone surveys; they exclude those in institutions, the transient or homeless, and those living on military installations.

Learning Objective: Introduce an innovative method, with high respondent rates, for collecting population-based data; demonstrate the usefulness of the methodology using U.S. estimates on HIV stigma and related beliefs from a recent survey using this method; and suggest uses of the method by national, state, and local STD programs.

LATE BREAKER POSTER ABSTRACTS

LB1

The Natural History of Bacterial Vaginosis in Pregnancy: Effect on Pregnant Outcome

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Background: Bacterial vaginosis (BV) is known to resolve spontaneously in pregnancy. Whether this spontaneous resolution is associated with a reduction in preterm delivery rate is unknown. If it did, the factors that trigger spontaneous resolution may hold the key for therapeutic approaches. In pregnancy, BV is associated with preterm delivery and maternal and neonatal infectious morbidity. In spite of these associations, randomized clinical trials of antibiotic treatment for BV in unselected populations of pregnant women have not shown a reduction in preterm delivery. One hypothesis is that an irreversible cascade of events culminating in preterm delivery may already be established by the time antibiotic was introduced in these trials.

Objective: To determine the natural history of BV in pregnancy and study the effect on pregnancy outcome.

Methods: A cohort of 114 BV positive women in the second trimester of pregnancy (12-16 weeks) obtained self administered vaginal smears at 20, 24, 28, 32 & 36 weeks of gestation. The smears were Gram stained and BV was diagnosed and graded using the Nugent criteria. The pregnancies were followed up and preterm delivery rate documented.

Results: Between 20 and 36 weeks, BV resolved spontaneously in 52 (45.6%) of the 114 women and persisted in the remaining 62 (54.4%). Five preterm deliveries (birth < 37 completed weeks) occurred in the group with persistent BV compared to 4 in the group whose BV underwent spontaneous resolution before term. [p=1, OR 1.02, 95%CL (0.26-4.10)]

Conclusion: BV may resolve spontaneously during pregnancy in approximately 45% of cases but such spontaneous resolution is not associated with a reduction in preterm delivery.

LB2

Emerging Patterns in Primary and Secondary (P&S) Syphilis Among Men, NYC, January - September, 2000

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Background: While Primary and Secondary (P&S) syphilis in NYC was historically low in 1998, (82 cases and a case rate of 1.12 per 100,000 population), increases have been noted among men over the past two years.

Objective: To describe the emerging patterns in infectious syphilis among men in NYC from January - June, 2000.

Methods: Using NYC STD CP's surveillance and case interview data, we describe the changes in epidemiology and reported behavioral risk factors for P&S syphilis among men during the interval period.

Results: From January - June, 2000, there were 74 reported cases of P&S syphilis: 67 (91%) were male with a median age of 33 years. For 2000, we project a 13% increase in total P&S cases, a 31% increase among male cases, and a 166% increase in the male:female case ratio. Fifty-two percent of male cases reside in Manhattan and 57% were diagnosed by private providers. Fifty-seven of 67 (85%) male case-persons were interviewed: 42/57 (74%) reported sex with another male (MSM), and 12/57 (21%) reported Human Immunodeficiency Virus (HIV) infection. All 12 HIV-infected case-persons also reported MSM. Therefore, of all reported P&S syphilis cases among men during the interval period, at least 42/67 (63%) report MSM and at least 12/67 (18%) are HIV-infected. Venues for sex partner recruitment have been identified and our programmatic response is described.

Conclusion: NYC is experiencing an increase in reported cases of P&S syphilis among males. They are geographically clustered in Manhattan, were diagnosed by private providers, and report MSM behavior. Particularly concerning is the proportion of cases who are also HIV-infected. NYC STD CP has intensified collaboration with community partners, private providers, and venues for sex partner recruitment to better target outreach, education, and case-finding efforts.

LB3

Syphilis Case Management in a Jail Setting; Implications for Elimination

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Background and Rationale: Syphilis cases detected through jail screening represent an opportunity to break the cycle of infection by preventing retransmission back to the community. In order to eliminate syphilis, screening this hard-to-reach, at-risk population will be critical.

Objectives: To determine the prevalence of syphilis, HIV, chlamydia and gonorrhea among the Palm Beach County jail detainee population.

Methods: Between June 1, 2000, and August 31, 2000, 906 Palm Beach County Detention Center detainees were offered testing for syphilis, HIV, chlamydia and gonorrhea.

Results: Twenty-two new cases of syphilis were detected as a result of the jail screening project, reflecting a prevalence rate of 2.42%. Fifty-one contacts to these cases were investigated. In addition, 10 newly identified cases of HIV were detected, for an HIV prevalence rate of 1.10%. Finally, 50 cases of chlamydia (5.51% prevalence) and 15 cases of gonorrhea (1.65% prevalence) were identified.

Conclusions: Syphilis cases detected through jail screening programs are critical to syphilis elimination efforts. As jail populations represent the most high-risk category of individuals at risk for STDs, many without access to health care, efforts to eliminate syphilis are confounded by the absence of routine universal syphilis screening in jails. In Palm Beach County's example, the 22 cases of syphilis detected through jail screening represent 17% of the county's early syphilis morbidity for the period January 1, 2000 through September 1, 2000, even though screening in the jail did not commence until June 1, 2000.

LB4

The Feasibility of Stat RPR Testing

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Background: Although Chicago's reported syphilis cases have been declining during the past several years, the decline has been at a much slower rate than other cities. Chicago has been exploring alternative methods by which to detect and treat syphilis.

Objectives: To assess the feasibility of providing stat RPR testing for patients at the CORE Center Screening Clinic, a public hospital-based, out patient STD and HIV primary care clinic.

Methods: Patients seeking services at the Screening Clinic were offered stat RPR testing March 1 - 31, 2000, Monday through Friday, 9:00am - 4:00pm. Stat RPR testing was performed on those consenting. RPRs were repeated and confirmed with PPA by the hospital laboratory.

Results: Of the 560 patients seen at the Screening Clinic, 245 (45%) consented to stat RPR testing; 66% were men and 34% were women. The race breakdown is as follows: 74% African-American, 7% White, 15% Hispanic, and 4% Other. Of the 245 stat RPRs,

10 (2.4%) were reactive, of which , 4 (40%) had a previous history and 6 (60%) were new syphilis cases requiring treatment. There were no biological false positives. A review of the medical records revealed that only one case presented with symptoms suggestive of syphilis.

Conclusions: Results from the Screening Clinic are comparable to Chicago's public STD clinics (positivity rate is 6.6% and new case rate is 26%) demonstrating that the Screening Clinic is an important partner in the syphilis elimination campaign.

LB5

STDs, Sexual Risk Behavior, and Drug Use Among Miami Dade County's Jail Detainee Population

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Background and Rationale: Sexually Transmitted Diseases (STDs) are a widespread and chronic problem among jail detainee populations throughout the country. Detainees from the Miami-Dade County jail system provided a representative group of detainees from which to study these questions.

Objectives: To determine the rates of syphilis, gonorrhea, and chlamydia among Miami-Dade County's jail detainee population and to compare test results with risk behavior of detainees.

Methods: Male and female detainees were tested for STDs. Additionally, detainees completed an anonymous risk behavior survey concerning their sexual practices and drug use.

Results: Between October, 1999 and March, 2000, over six hundred detainees were tested for STDs. Thirteen percent were RPR positive (syphilis), while nine percent had positive LCR (gonorrhea and/or chlamydia) results. Teens had the lowest rates of syphilis (14%), while Blacks had the highest rates

(28%). Eleven percent of females and seven percent of males were LCR positive, with chlamydia more common than gonorrhea. A higher percentage of Blacks tested LCR positive than did Whites and/or Hispanics. By age group, a higher percentage of teens were LCR positive (45%), than 20-44 year olds (17%), and 45 years and older (also 17%). For risk behavior, three percent of detainees used drugs intravenously, with i.v. drug use more prevalent among older detainees. 42 percent of detainees had used crack or powdered cocaine, with only 19 percent of teen detainees having used crack or powder cocaine, and more that forty percent of detainees ages 20 and older having used crack or powdered cocaine. Over one-half of detainees that used crack or powdered cocaine also had an STD, including HIV. Forty-six percent of detainees reported having multiple sex partners in the previous twelve months, and fifty-six percent of detainees that had an STD also had multiple sex partners in the previous twelve months.

Conclusions: Sexually transmitted diseases are more prevalent among jail detainees than among the general population, and detainees also engage in sexual and drug risk behavior to a greater extent than the general population. Given that detainees are often quickly released back into the general population, it is important to continue testing and monitoring detainees in order to limit the spread of STDs into the general population.

LB6

Predictors of Health Protective Sexual Communication among African American Women and Men

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Background: African American adults continue to be disproportionately infected with HIV/AIDS and STDs, including gonorrhea and syphilis (CDC, 1998). Although African Americans represent only 12% of the U.S. population, they comprised 45% of the new AIDS cases reported in 1998 (National Minority AIDS Council, 2000). In an effort

to intervene on this health crisis, researchers have explored factors that influence health protective behaviors (e.g., condom use). However, virtually nothing is known about factors that influence health protective sexual communication among African Americans.

Objective: The present study examines the extent to which African American women and men's health protective sexual communication is informed by the sexual double standard, personal control, trust, and communalism.

Methods: A convenience sample of African American women and men were recruited to complete a 45-minute survey.

Results: Ninety-eight African American adults who had a new sexual partner in the previous 12 months were included in the analyses. Gender ($\beta = -.34$, $p \leq .001$) emerged as a predictor of health protective sexual communication. Control over sexual experiences ($\beta = .31$, $p \leq .01$) and the sexual double standard ($\beta = .36$, $p \leq .001$) emerged as positive predictors of health protective sexual communication. Trust and communalism did not predict health protective sexual communication.

Conclusions: Women are more likely than men to engage in health protective sexual communication. Further, those individuals who perceive greater control over sexual experiences and those individuals who hold more traditional beliefs about the sexual double standard are more communicative about sexual matters. Issues of gender and power must be considered in prevention efforts.

LB7

Sexual Behavior in High-Risk Adolescents

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Background: Several details of sexual behavior that are risk factors for sexually transmitted infections have not been thoroughly studied in adolescents. These include age and race/ethnicity of partners, length of gaps between partners, concurrent partners, and incorrect condom use.

Objective: To assess these factors in incarcerated adolescents in Houston, Texas.

Methods: Heterosexual youth completed, with assistance if necessary, a self-administered questionnaire on sexual behavior during the 6 months before arrest.

Results: In June-July 2000, 53 females and 122 males completed the questionnaire. Among the females, mean age was 15.0 (range 11-17); 28% were black, 25% Hispanic, 26% white, and 21% biracial. Among males, mean age was 15.0 (range 11-17); 50% were black, 28% Hispanic, 13% white, 3% Asian, and 5% biracial. Of 318 possible person-months of sexual activity (53 females times six months), females were inactive for 175 months (45%); males were inactive for 440/732 (60%) person-months. Twenty-four girls (55%) and 46 males (38%) had had at least 2 concurrent partners; 6 females (12%) and 17 males (14%) had had >3 concurrent partners. Twenty-three females (43%) and 29 males (24%) had partners >19 years old; 15 (28%) of females and 33 (28%) of males had partners of different race/ethnicity. About 1/3 of females (38%) and males (34%) reported incorrect condom use; approximately one-fourth of females (21%) and males (31%) reported condom breakage.

Conclusion: Our subjects had increased risk of STI's because of older, racially different, or concurrent partners; and condom misuse and breakage. However, periods without sexual activity (gaps) were also common.

LB8

Assessing Chlamydia Partner Services at a Managed Care Organization

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Background and Rationale: Health departments (HDs) alone cannot meet the growing need for chlamydia partner services (CPS) resulting from increased screening. New private/public sector collaborative models are needed for CPS.

Objectives: To describe CPS currently provided to MCO members and their partners by an MCO and by HDs; identify barriers and enablers to CPS; and identify ways to improve CPS.

Methods: The setting is Kaiser Permanente Northwest (KPNW), a nonprofit group practice HMO that provides prepaid medical care to 470,000 members in the Portland, Oregon / Vancouver, Washington area. We reviewed KPNW's current CPS policies, procedures, and memoranda of understanding with HDs; conducted focus groups with 22 KPNW providers and interviewed 7 disease intervention specialists (DIS) between 6/2000 and 9/2000; and plan to interview 35 KPNW members with chlamydia. We have begun analyzing the focus group data.

Results: KPNW Infection Control reported 642 positive chlamydia lab tests to Oregon and Washington HDs during 1998. HD records for 1998 indicate that 58% and 17% of infected KPNW members in Oregon and Washington were interviewed by DIS. Perceived barriers to CPS found by preliminary analysis of KPNW provider focus groups include: system factors (lack of policies concerning treatment of non-member partners, time constraints for providers, inadequate education of providers, lack of educational materials for infected members and partners); provider factors (reluctance to elicit partner information, medical and legal concerns about ordering medication

for non-member partners); member factors (poor follow-through, teen attitudes and behaviors, confidentiality concerns).

Conclusions: Preliminary findings identified several system, provider, and member barriers to CPS that are amenable to interventions. We will use this project's results to design and evaluate an improved collaborative CPS model.

LB9

Applying Proven Consumer Marketing Research Techniques to Improve Targeting of Public Health Communication Campaigns

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Background: Typical public health campaigns use only demographics, such as age and/or race as variables to determine audience segmentation.

Objectives: To segment the population by marketing clusters, determined by zip codes and census tracts, and analyze data from consumer marketing data bases would result in a greater degree of accuracy in targeting specific populations.

Methods: Twelve (12) metropolitan statistical areas (MSAs) were identified in ten states heavily impacted by the HIV/AIDS epidemic. AIDS surveillance data were then mapped by zip code and census tracts. A consumer marketing data base (*PRIZM*), was used to identify specific clusters, or groups of neighborhoods, where most AIDS cases reside.

Results: Statistical analyses determined that 68% of AIDS cases in the 12 MSAs analyzed reside in 5 (five) marketing clusters. CDC focused on these 5 clusters to identify campaign strategies and tactics. Demographic profiles in addition to media habits, hobbies, and other lifestyle were analysed to inform decision-making

about media channels and life-path points that could be utilized to efficiently and effectively reach individuals in each of the clusters.

Conclusions: Census and marketing data bases can be valuable in guiding decisions about approaches and tactics that will most efficiently and effectively reach specific audience segments, and highlight the limitations of targeting by demographics such as age or race alone. Instances were identified where sole reliance demographic characteristics would have resulted in poor targeting and reach of the intended audience. This analysis can also inform choices of organizations to include in public-private partnerships, to extend and support communication campaigns. The insight into the target audience and the precision of the targeting made possible through this approach is useful for communication and health program planners.

Department of Health and Human Services
Public Health Services
Centers for Disease Control and Prevention
National Center for HIV, STD and TB Prevention

