

Roundtable Discussion

Examining Collaborative Efforts In STD Screening and Treatment

Sexually transmitted diseases, now referred to as sexually transmitted infections (STIs), affect 19 million Americans each year — especially adolescents and young adults [http://www.cdc.gov/nchstp/std/disease_info.htm] — at a direct cost of \$15.3 billion. Their concentration in these younger age groups is reflected in the U.S. military population, among whom STIs are the most frequently reported infection.

Because STIs can confer significant sequelae, including infertility, and imperil the infected person's sexual partner(s), timely treatment is essential. Prevention, though, remains the best approach, and numerous programs are in place both within the military and within civilian public health agencies — guided by the Centers for Disease Control and Prevention — to educate those at risk. However, such programs often lack coordination and the opportunity to share data and outcomes.

To examine how these agencies might engage in a more comprehensive and collaborative approach to STIs, the nonprofit Institute of Federal Health Care convened a roundtable discussion involving representatives from federal programs, congressional staff, professional associations, and private-sector organizations.

Roundtable participants placed top priority on immediate coordinated efforts to deal with drug-resistant gonorrhea, for which only one class of antibiotics (cephalo-

sporins) now is effective. “We are faced with the specter of untreatable gonorrhea.”

CDC works with the World Health Organization internationally and since 1986 has maintained the Gonorrhea Isolate Surveillance Project (GISP) to monitor resistance [<http://www.cdc.gov/std/gisp>]. Currently, only one military treatment facility — Tripler Army Medical Center in Honolulu — participates in GISP.

Because most antibiotic resistance emerges in Asia, roundtable participants suggested that DoD's overseas laboratories, especially in Thailand and Indonesia, be incorporated into gonorrhea monitoring efforts. Surveillance and rapid detection of treatment failures are essential, they noted, since military personnel stationed in Asia could bring resistant gonorrhea with them when they return to the U.S. Greater regional cooperation between DoD and CDC was seen as urgently needed.

Participants also urged military participation in a resistant-gonorrhea response plan being considered by CDC.

Participants expressed concern and frustration with the general decline in laboratory capacity in the United States and the dearth of samples available for resistance testing. The advent of molecular technologies means fewer swab samples that can be cultured and tested — a substantial drawback when the mecha-

Discussion Highlights

- Chlamydia, the most frequently reported STI, remains easily treatable with antibiotics, so screening and treatment should be “no-brainers.” Still, chlamydia case rates continue to climb. Gonorrhea case rates were decreasing until the mid-1990s, when they became flat — which they remain.

- Past successes in preventing and dealing with STIs have led to an unwarranted sense of security. Several decades ago, STIs ravaged military ranks and prompted commanders to aggressively address them. Now, however, STIs have become “silent,” losing priority and becoming embroiled in delicate issues of personal belief.

- The national interagency plan for pandemic flu perhaps could serve as a model for dealing with STIs. Roundtable participants were uncertain as to how this could be accomplished most effectively and which agency should lead its development. In any case, greater civilian-military cooperation on STIs was urged, especially in communities with military bases.

- New diagnostics for gonorrhea resistance are in development but not likely to produce results in the near future. Meanwhile, efforts are underway to see if new combinations of existing antibiotics might prove effective for these infections.

- Thirty-three percent of veterans returning from the wars in Iraq and Afghanistan have STIs, and there is concern that those with mental health issues later may engage in risky behavior that spreads these infections.

nism of resistance remains unknown, as is the case with gonorrhea. Joint purchasing of laboratory services to reduce cost was suggested.

Other issues addressed during the roundtable include:

- *The DoD STD Prevention Committee.* This department-wide committee, which reviewed issues relating to STIs and made recommendations to DoD officials, several years ago was “reorganized out of existence.” The committee “should be reconstituted” to help enhance the priority given STIs. Currently, only 2.5 per cent of the Defense Health Program budget is devoted to public health.

- *A weakening public health infrastructure.* More than 40 percent of the nation’s public health workforce is within five years of retirement. Critical experience is being lost.

- *The need for increased screening.* Roundtable participants expressed concern that the Army’s practice of not screening recruits upon accession misses STIs. While official guidance requires screening within one year, the Navy, Marine Corps, Coast Guard and now the Air Force do screening when recruits first enter military service.

Failure to screen new recruits is a “missed opportunity” since the impact of screening on mitigation of future health care costs has been demonstrated. The Army is planning to initiate screening in “advanced individual training,” which occurs within the one-year requirement — “but this is still a delay.”

Reluctance to screen reportedly is a “cost issue” arising from concern that many recruits drop out of initial training and thus do not remain in the Army. However, it was noted, these young individuals return to

civilian life, where they may remain a risk to others. “They are all Americans, and they all need screening.”

- *The importance of expedited partner therapy (EPT).* Roundtable participants said EPT is critical to reducing the prevalence of STIs and must remain a priority. While the practice of giving infected individuals medication to take to their partners — without a provider’s seeing the partner — is prohibited by law in about a dozen states, another dozen do permit it and others appear to be moving toward allowing EPT.

EPT faces barriers in the military, in that non-beneficiaries cannot receive medication paid for with DoD funds. Rectifying this would require action by Congress.

One public health approach is to consider treating the partner as part of treating the patient, since EPT prevents reinfection. Perhaps this model could be used in military health care without the need for legislation, it was suggested.

Another barrier to EPT is concern about liability, since partners receiving medication given to an infected individual could suffer an adverse reaction. Legislation to indemnify providers against this may be required. A more abstract barrier to EPT is reluctance among some policymakers to deal with STIs. “We have to normalize discussion and focus on prevention rather than morals.”

- *The issue of condom distribution.* A survey across all military services found that one in seven females reported an unintended pregnancy and one in nine males reported having caused such a pregnancy. These rates — which mirror the risk of STI transmission — might be reduced

through a program of condom distribution, but official DoD policy prohibits such programs from being carried out using health care funds.

Condoms can be purchased for distribution aboard ships, but this funding comes from “line” rather than health care accounts. Participants suggested there be an exception to the prohibition on condom distribution for “public health efforts to reduce STIs.”

- *Metrics and standards are essential for measuring and comparing effectiveness and can help drive screening and treatment efforts.* What can be measured can be improved.

Participants in this roundtable: Deborah Arrindell of the American Social Health Association; Ron Ballard of CDC; Tanis Batsel of the Navy; Michael Bayles of the Army; Carolyn Deal of the National Institute of Allergy and Infectious Diseases; Robert DeFraithe of the Defense Department; Shirish Dholakia of the Navy; Benedict Diniega of the Defense Department; John Douglas of CDC; Ralph Loren Erickson of DoD-GEIS; Charlotte Gaydos of Johns Hopkins University; Joel Gaydos of DoD-GEIS; Heather Halvorson of the Air Force; Dan Harms of the Army; David Heath of the Army; Nikki Jordan of the Army; Charlotte Kent of CDC; Seung-eun Lee of the Defense Department; Bob MacDonald of the Navy and Marine Corps; William Meyer of the Air Force; Kelly McKee of Quintiles, Inc.; Suzanne Miller of the National Coalition of STD Directors; Arnauld Nicogossian of George Mason University; Donna Olive of the Federal Bureau of Prisons; Gregg Pane of the Department of Health and Human Services; John Papp of CDC; Amy Pulver of CDC; Hayden Rhudy of the Senate HELP Committee; Raul Romaguera of CDC; Gary Roselle of the Veterans Health Administration; Erica Schwartz of the Coast Guard; Naomi Seiler of the House Committee on Oversight and Government Reform; Sharon Shea of the Association of Public Health Laboratories; Rick Steece of CDC; Steven Tobler of the Defense Department; Eileen Yee of CDC.

The roundtable was moderated by Jonathan Zenilman of Johns Hopkins Bayview Medical Center. IFHC Managing Director is Nancy Tomich (www.fedhealthinst.org). The roundtable was sponsored by the DoD Global Emerging Infections Surveillance and Response System (GEIS).