

Chapter 7

COMMUNICABLE DISEASE

Tuberculosis

What is it?

Tuberculosis (TB) is a communicable disease caused by *Mycobacterium tuberculosis*, also referred to as tubercle bacilli. It is transmitted from person to person through particles carrying the bacteria through the air. Transmission can occur when people breathe in the bacteria while in close and prolonged contact with a person with infectious TB.

Once a person has been exposed to someone with TB and has inhaled the TB bacteria, that person may become infected with TB. In most people who are infected with the TB bacteria, the body is able to fight the bacteria to stop it from growing, but will still show evidence of exposure when tested. This is referred to as latent TB infection (LTBI). For other individuals who inhale the TB bacteria and become infected, TB infection can progress to TB disease when the immune system cannot fight off the tubercle bacilli. TB is curable if a person takes all of their TB medications as prescribed. Individuals with active TB disease may have some or all of the following symptoms: cough, weight loss, fevers, fatigue, night sweats or loss of appetite.

Why is it important?

Approximately one-third of the world's population is infected with *Mycobacterium tuberculosis*, with more than 9 million people becoming sick with TB disease and approximately 2 million people dying from TB each year.¹ The majority of these cases occur in the countries of Asia, Africa, Eastern Europe, and Latin America where there are high rates of TB. In the United States, there are an estimated 10 to 15 million Americans infected with LTBI, and about 10% of these have the potential to develop active TB disease in the future. In 2004, the United States had a case rate of 4.9 per 100,000 with 14,517 cases of tuberculosis reported nationwide.² Although the TB case rate has decreased by half since the early 1990s, the U.S. rate still exceeds the Healthy People 2010 objective of 1.0 per 100,000.

Drug resistant strains of tuberculosis can occur when a person with TB disease does not take their medications as prescribed and the bacteria changes, becoming resistant to the drug(s). This is of concern because drug resistant strains and multi-drug resistant (MDR) TB are more difficult to treat and require longer treatment regimens.

What is Alameda County's status?

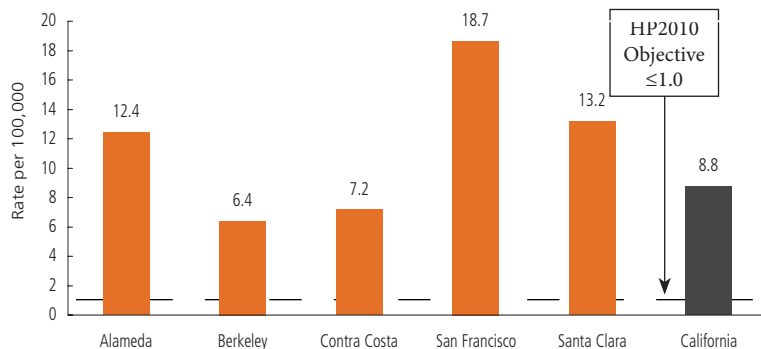
Alameda County's average annual TB rate was 12.4 per 100,000 for the period 2002-2004, 40% greater than the California rate (8.8). Alameda County's rate (excluding Berkeley) was third highest among Bay Area counties, and far exceeded the Healthy People 2010 objective of no more than one new TB case per 100,000 people.

Asian/Pacific Islanders had the highest rates of TB; they were over two times those of other racial/ethnic groups. Males have higher rates than females in every race/ethnic group.

The majority of new TB cases occurred among persons born in countries with TB rates greater than the United States, particularly from countries in Asia. From 2002-2004, 77% of new TB cases were foreign-born people. The average annual case rate for foreign-born Alameda County residents was 34.5 per 100,000, nearly nine times the rate of U.S.-born residents (3.9).

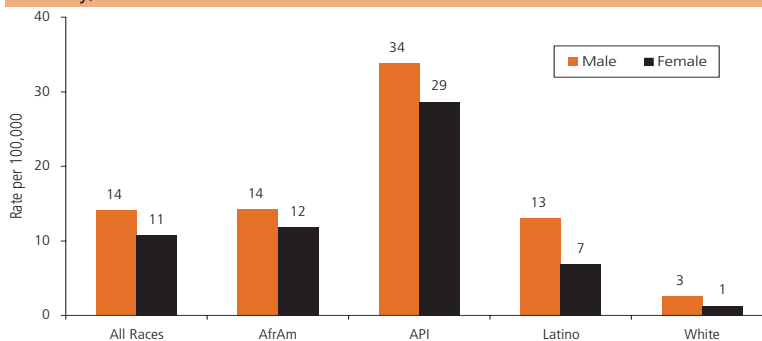
The racial/ethnic make-up of U.S.-born versus foreign-born cases in Alameda County was vastly different, with African-Americans comprising the greatest portion of U.S.-born TB cases, whereas the majority of the foreign-born cases were of Asian/Pacific Islander descent.

Figure 7.1: Tuberculosis Case Rates: Selected Counties and California, 2002-2004



Source: CAPE; ACPHD; CA DHS TB Control Branch, TIMS, Census 2000, DOF.

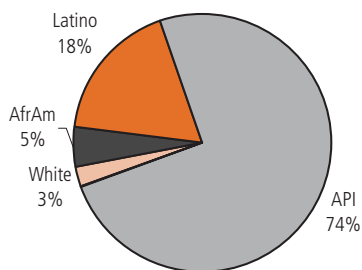
Figure 7.2: Tuberculosis Rates by Race/Ethnicity and Gender, Alameda County, 2002-2004



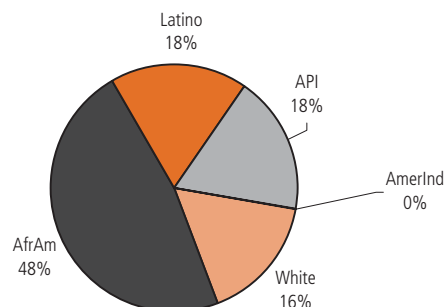
Source: CAPE; TIMS, Census 2000, DOF.

Figure 7.3: Percent TB Cases by Place of Birth and Race/Ethnicity, Alameda County, 2002-2004

Foreign-Born TB Cases



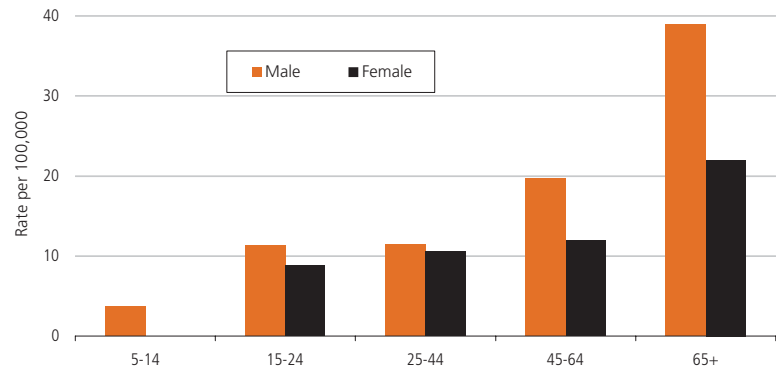
US-Born TB Cases



Source: CAPE; TIMS, Census 2000, DOF.

The distribution of TB cases by age has remained consistent over time, with the majority of cases occurring among individuals 25 years and older. The risk for TB disease increased with age. Adults of both genders aged 65 and over had the highest case rates.

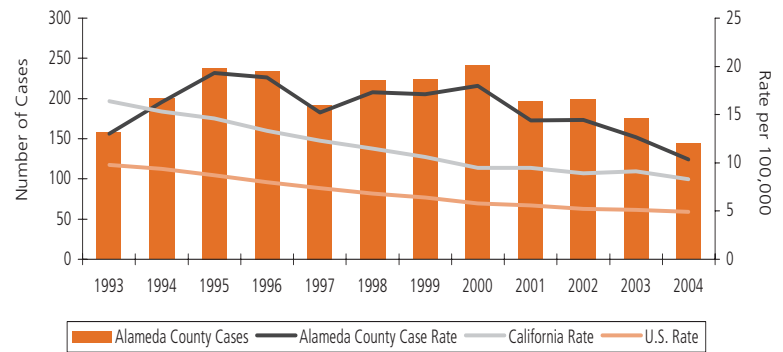
Figure 7.4: Tuberculosis Rates by Age and Gender, Alameda County, 2002-2004



Source: CAPE; TIMS, Census 2000, DOF.

TB cases and rates in Alameda County (excluding the city of Berkeley) have fluctuated since 1993. Beginning in 1994, annual TB case rates for Alameda County exceeded state and national rates. Rates in Alameda County, California, and the U.S. have declined in recent years.

Figure 7.5: Tuberculosis Cases and Case Rates, Alameda County 1993-2004

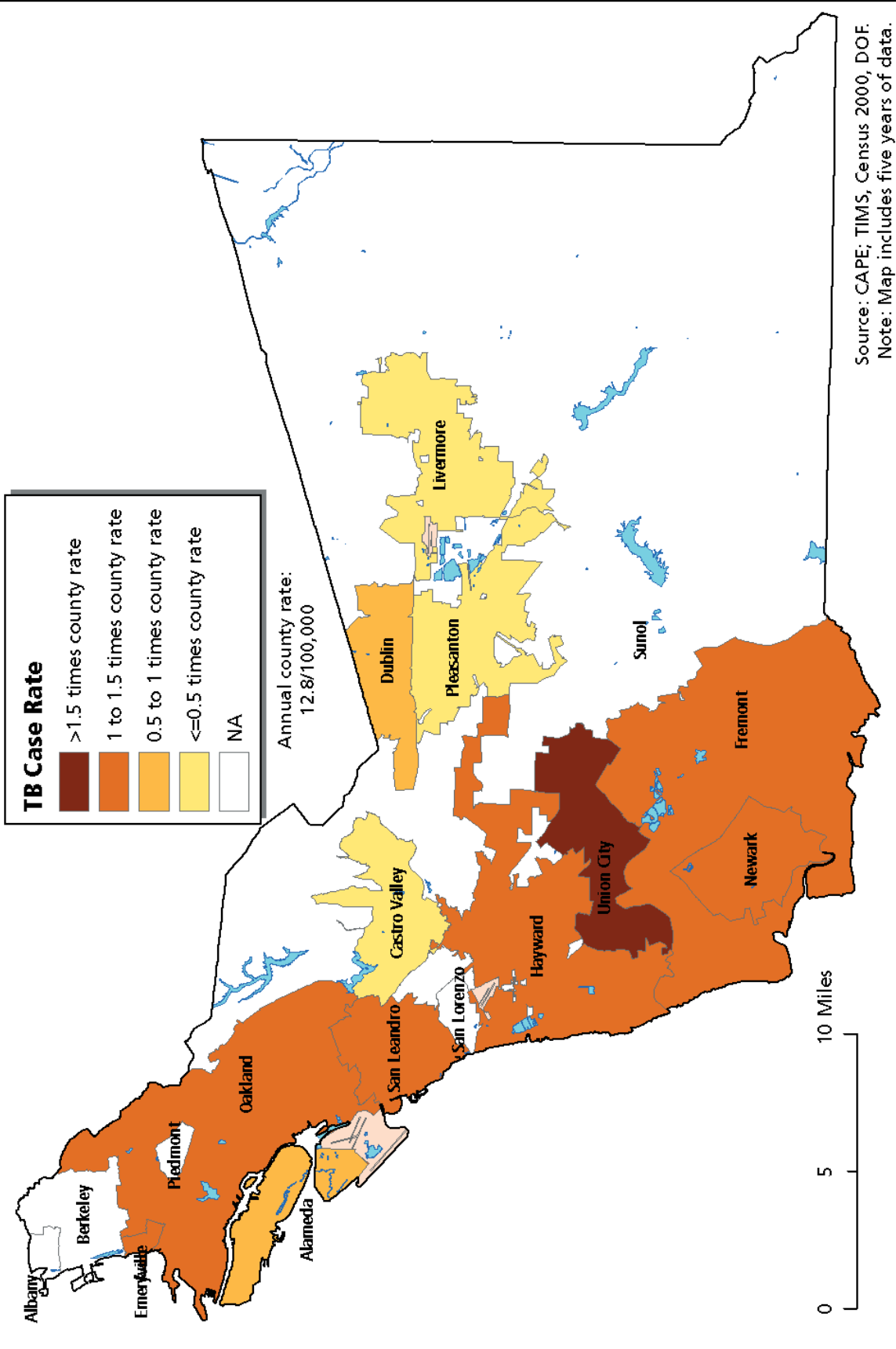


Source: CAPE; TIMS, Census 2000, DOF.

Map 7: Tuberculosis Case Rates

For the five-year period, 2000-2004, Union City had the highest rate of TB in Alameda County at 22.3 per 100,000. Oakland, San Leandro, Hayward, Newark, and Fremont TB rates were higher than the overall county rate of 12.8 per 100,000 for the period.

Map 7: Tuberculosis, Alameda County, 2000-2004



HIV/AIDS

What is it?

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus, known as HIV. The term AIDS applies to the most advanced stages of HIV infection. HIV progressively weakens the body's immune system and thus the ability to protect itself from infection and disease. HIV is spread from person to person through the exchange of bodily fluids, including blood, semen, vaginal secretions and breast milk. While the most common forms of transmission are sexual contact with infected individuals and the sharing of contaminated needles or syringes, the virus can also be transmitted from HIV-infected women to their babies during pregnancy, delivery, or breast-feeding.

Why is it important?

HIV/AIDS is a severe, life-threatening condition that has reached epidemic proportions, affecting more than 60 million people worldwide since the onset of the HIV/AIDS epidemic 25 years ago. In the United States, there have been approximately 944,000 AIDS cases and 529,000 AIDS-related deaths reported as of December, 2004.³ It is estimated that by January, 2004, between 1,039,000 and 1,185,000 people were living with HIV/AIDS and that 40,000 new HIV infections occurred annually.⁴ The 2004 AIDS case rate in the United States was 15 per 100,000; in California it was 13 per 100,000. In Alameda County, the number of new AIDS cases increased from one case in 1980 to 620 cases at the height of the epidemic in 1992, and decreased to 138 cases in 2004.

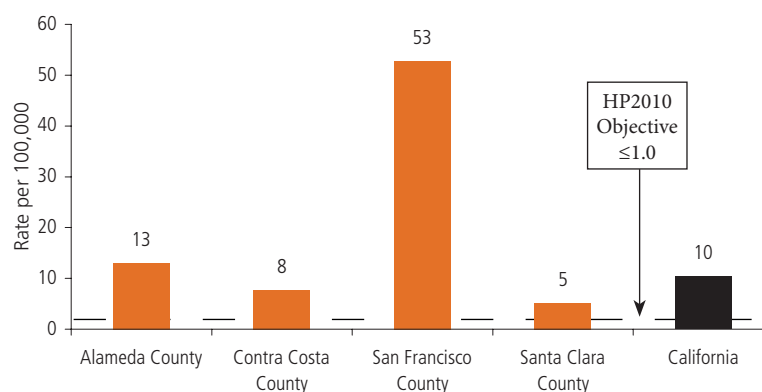
Individuals can place themselves at risk for HIV/AIDS with various behaviors. Men having sex with men (MSM) continues to be the predominant exposure mode, accounting for the greatest number and percentage of cases. However, new infections due to heterosexual contact have been steadily increasing over the past decade. Injection drug use is also an important risk behavior.

The AIDS epidemic has changed over time, which has implications for prevention. Case rates peaked in the early 1990s and have dramatically declined since, representing the slowing progression of HIV infection to AIDS. This slowing progression is largely attributable to antiretroviral drug therapies and improved behavioral risk reduction interventions.

What is Alameda County's status?

Alameda County's AIDS case rate for 2002-2004 was 13.0 per 100,000 people. The rate was higher than those in Contra Costa and Santa Clara Counties, and the state as a whole, but just a fraction of the San Francisco rate. None of these Bay Area counties has met the Healthy People 2010 objective of no more than one AIDS case per 100,000 people.

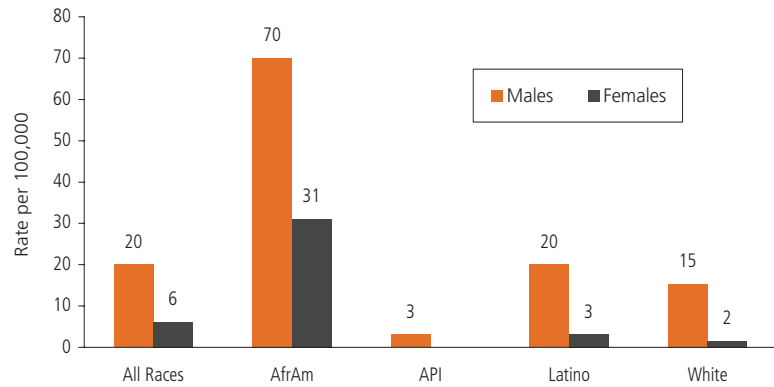
Figure 7.6: AIDS Case Rates: Selected Counties and California, 2002-2004



Source: CAPE; CA DHS Office of AIDS, HARS, Census 2000, DOF.

African Americans of both genders continue to have the highest rate of AIDS in Alameda County, several times higher than other race/ethnic groups. Among African Americans, the male rate is two times the female rate, while among Whites and Latinos male rates are about seven times female rates.

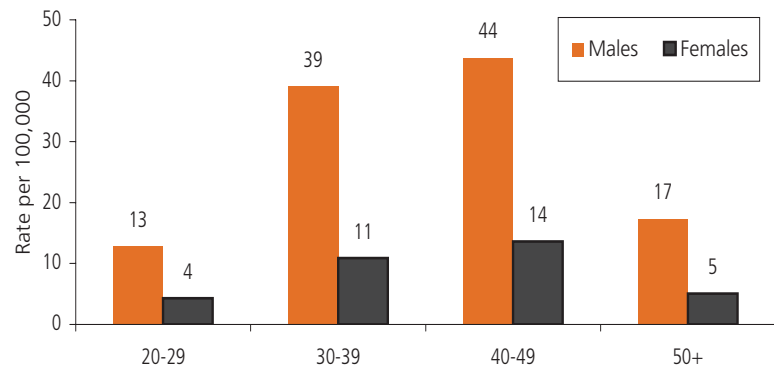
Figure 7.7: AIDS Case Rate by Race/Ethnicity and Gender, Alameda County, 2002-2004



Source: CAPE; HARS, Census 2000, DOF.

Nearly all AIDS cases (99%) occurred among adults who were age 20 years or older at time of AIDS diagnosis. Overall, rates are about three times higher among males than females, and they are highest between the ages of 30 and 49 years.

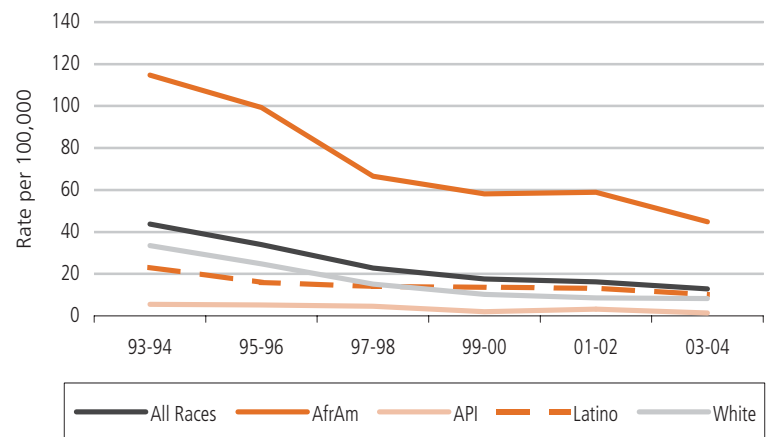
Figure 7.8: AIDS Case Rate by Age and Gender, Alameda County 2002-2004



Source: CAPE; HARS, Census 2000, DOF.

AIDS cases and case rates have declined significantly among every race/ethnic group in Alameda County since the height of the epidemic in the early 1990s. Despite these declines, the African American rates continued to be higher than those for any other race/ethnic group. In 2003-04, the African American rate was 3.5 times the county rate, a slightly larger gap than existed in 1993-94 (2.6).

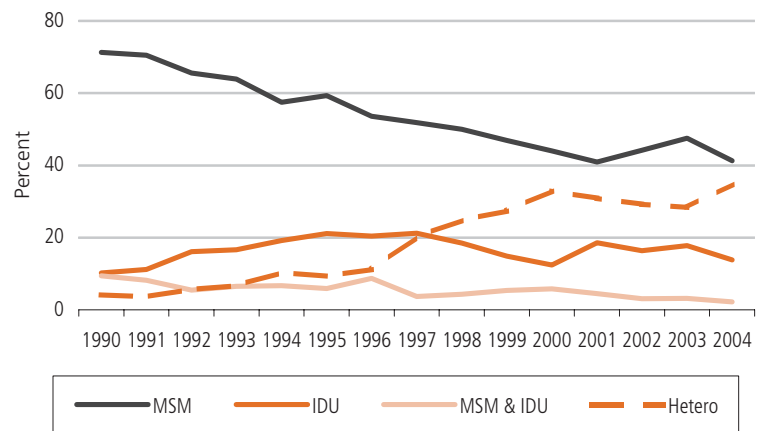
Figure 7.9: AIDS Cases Rates by Race/Ethnicity, Alameda County 1993-2004



Source: CAPE; HARS, Census 2000, DOF.

Men-who-have-sex-with-men (MSM) continues to be the common mode of exposure. It has declined, however, and the proportion of cases attributed to heterosexual exposure has risen. Injection drug use (IDU) exposure has remained fairly constant over the period. Among AIDS cases diagnosed in the period 2002-2004, 19% of males and 65% of females attributed exposure risk to heterosexual contact.

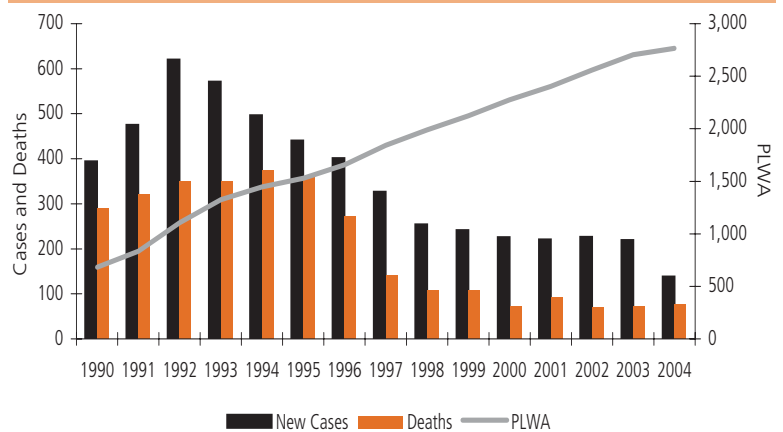
Figure 7.10: Percent of AIDS Cases by Exposure Mode and Year of Diagnosis, Alameda County, 1990-2004



Source: CAPE; HARS, Census 2000, DOF.

New AIDS cases and deaths among persons with AIDS have decreased since the early 1990s. Much of this is attributed to prevention messages and the use of antiretroviral therapies that slow the progression from HIV to an AIDS diagnosis or death. As a result, there are increasing numbers of persons living with AIDS (PLWA) each year.

Figure 7.11: Cases, Deaths and PLWA by Year of Diagnosis, Alameda County, 1990-2004



Source: CAPE; HARS, Census 2000, DOF.

Map 8: AIDS Case Rates

For the five-year period, 2000-2004, Emeryville had the highest rate of new AIDS cases in Alameda County, 48.7 per 100,000, a rate over three times the county rate of 13.8. The Oakland rate, 30.6 was twice the county rate. San Leandro, with a rate of 15.8 also exceeded the county.

Sexually Transmitted Diseases

What are they?

Sexually transmitted diseases (STDs) are infections that are acquired through sexual contact. They are among the most common infectious diseases in the United States today. In the United States, 65 million people are living with an incurable STD and 15 million people are infected each year. Although STDs affect men and women of all backgrounds and economic levels, they are most prevalent among teenagers and young adults. Nearly two-thirds of all STDs occur in people younger than 25 years of age. Females are biologically more susceptible to many STDs.

Many individuals infected with STDs will show no symptoms of the disease and are therefore unlikely to be diagnosed and treated. Even cases of disease that are detected are often times not reported. Thus the extent of infection of STDs is difficult to monitor as each new case that goes undetected and untreated magnifies this “hidden” epidemic. Untreated STDs can cause serious health problems such as pelvic inflammatory disease (PID), which can cause damage to the fallopian tubes, uterus and surrounding tissues or lead to infertility.

Why are they important?

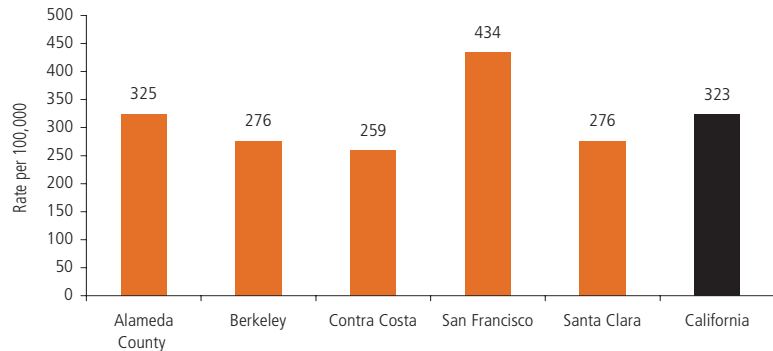
Chlamydia is the most commonly reported infectious disease in the United States. While chlamydia affects both men and women, women suffer the most severe consequences of untreated infection. Up to 40% of untreated women will develop PID and 20% of these may become infertile. Fifty percent of men and 75% of women infected with chlamydia will show no symptoms. In 2004, more than 929,000 cases were reported in the U.S., with a case rate of 319.6 per 100,000. The rate of chlamydia infection has been increasing in the United States from a rate of 50.8 per 100,000 from the mid-1980s to 319.6 per 100,000 in 2004. This increase can be attributed, at least in part, to increased screening and more sensitive diagnostic tests. It is estimated that about 2.8 million new cases in the United States occur annually.⁵

Gonorrhea is a sexually transmitted bacterial infection, and the second most commonly reported infectious disease in the U.S. The CDC estimates more than 700,000 cases of gonorrhea occur each year in the United States.⁶ Like chlamydia, gonorrhea infections are under-reported and it is believed that reported cases constitute only about half of all actual cases occurring annually. More than 330,000 cases of gonorrhea had been reported in the United States in 2004, yielding a case rate of 113.5 per 100,000. Reported cases of gonorrhea declined in the United States from a high of 467.7 per 100,000 in 1975 to 113.5 in 2004. Gonorrhea rates remain high for African Americans, adolescents and young adults. Left untreated, it is a major cause of PID, which can lead to infertility and tubal pregnancies in women and epididymitis and infertility in men. Gonorrhea can be cured easily and its long-term consequences avoided by early detection and treatment with antibiotics.

What is Alameda County's status?

The average chlamydia rate in Alameda County during the period 2002-2004 was 325 per 100,000 people. It was higher than those of other Bay Area jurisdictions, with the exception of San Francisco, and nearly the same as the California rate.

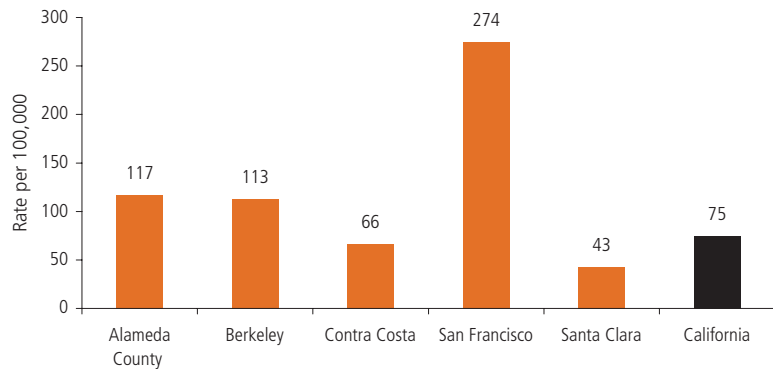
Figure 7.12: Chlamydia Case Rates, Selected Counties and California, 2002-2004



Source: CAPE; ACPHD-DCDCP; CA DHS STD Control Branch, Census 2000, DOF.

The average gonorrhea rate in Alameda County during the period 2002-2004 was 117 per 100,000 people. It was higher than those of other Bay Area jurisdictions with the exception of San Francisco, and it was 57% higher than the California rate.

Figure 7.13: Gonorrhea Case Rates, Selected Counties and California, 2002-2004

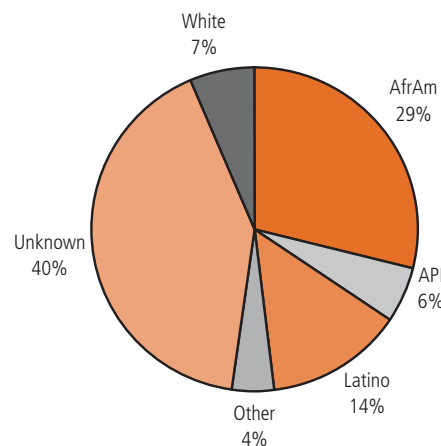


Source: CAPE; ACPHD-CDCDP; CA DHS STD Control Branch, Census 2000, DOF.

Forty percent of reported chlamydia cases were missing information on race/ethnicity during the 2002-2004 period. While this is a large proportion of cases, it is a great improvement over the 60% missing in the period 1999-2001.

Of the cases with known race/ethnicity, the largest group was African American, followed by Latino, White and Asian/Pacific Islander.

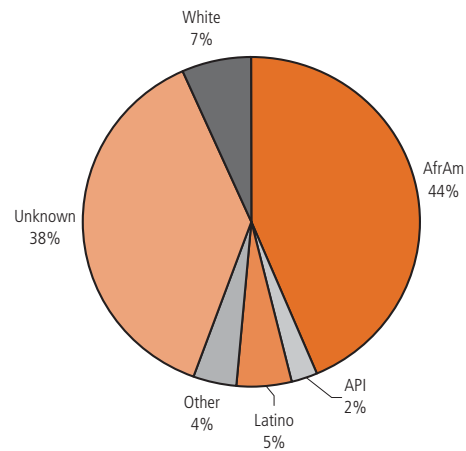
Figure 7.14: Chlamydia Cases by Race/Ethnicity, Alameda County, 2002-2004



Source: CAPE; Alameda County STD Surveillance, Census 2000, DOF.

Information on race/ethnicity was missing for 38% of reported gonorrhea cases during the 2002-2004 period. Of the cases with known race/ethnicity, the largest group was African American, followed by White, Latino and Asian/Pacific Islander.

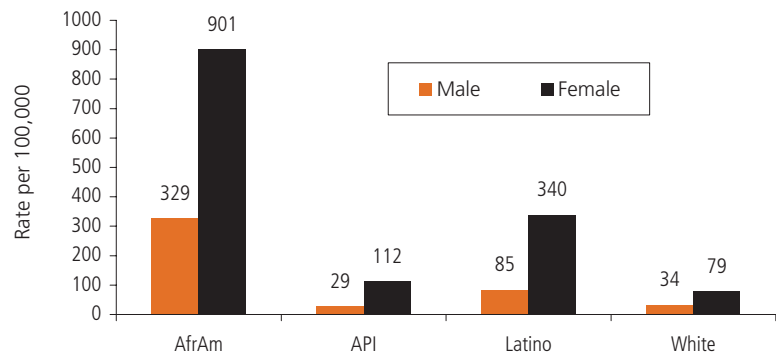
Figure 7.15: Gonorrhea Cases by Race/Ethnicity, Alameda County, 2002-2004



Source: CAPE; Alameda County STD Surveillance, Census 2000, DOF.

The chlamydia rate was highest among African American females, 11 times higher than White females, eight times higher than API females and about three times higher than Latino females.

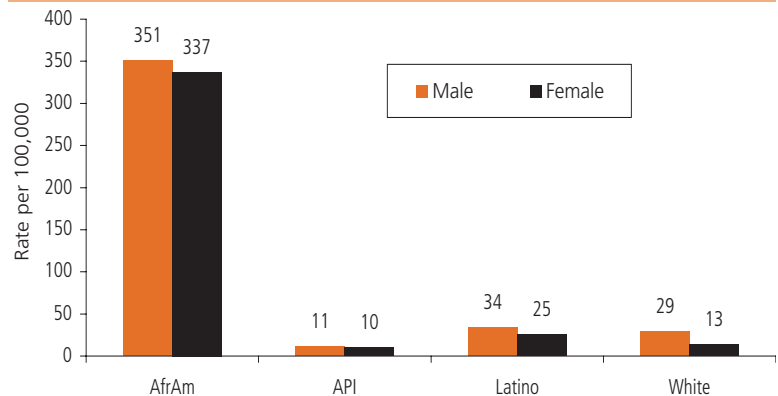
Figure 7.16: Chlamydia Case Rates by Race/Ethnicity and Gender, Alameda County, 2002-2004



Source: CAPE; Alameda County STD Surveillance, Census 2000, DOF.

These rates may not be accurate due to the large number of cases with missing information on race/ethnicity, but it is likely that they reflect the relative burden of the disease among race/ethnic groups and therefore potential areas for prevention efforts.

Figure 7.17: Gonorrhea Case Rates by Race/Ethnicity and Gender, Alameda County, 2002-2004



Source: CAPE; Alameda County STD Surveillance, Census 2000, DOF.

Gonorrhea rates among African Americans of both genders were very high, ranging from 10 to 30 times higher than those among other race/ethnic groups. Rates for females in every race/ethnic group were lower than for males. The largest gender difference was among Whites, for whom the female rate was half the male rate.

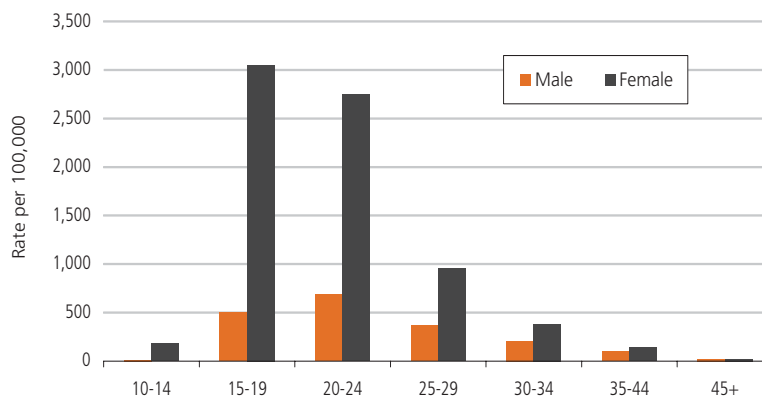
In Alameda County from 2002-2004, 77% of reported chlamydia cases were female. Across nearly all age groups, female rates were several times greater than male rates. While females are biologically more susceptible to many STDs, the gender difference in chlamydial infection rates is also likely due to targeted screening and treatment of females in recent years.

Among females, the highest rates of chlamydia infection were found among 15-19 year-olds, followed closely by 20-24 year-olds. This pattern was not consistent with those for California and neighboring counties, where rates among 20-24 year-old females were highest.

Just over half of gonorrhea cases reported in Alameda County from 2002-2004 were female. Under age 25, female rates exceeded male rates by large margins, while over age 25, male rates exceeded female rates.

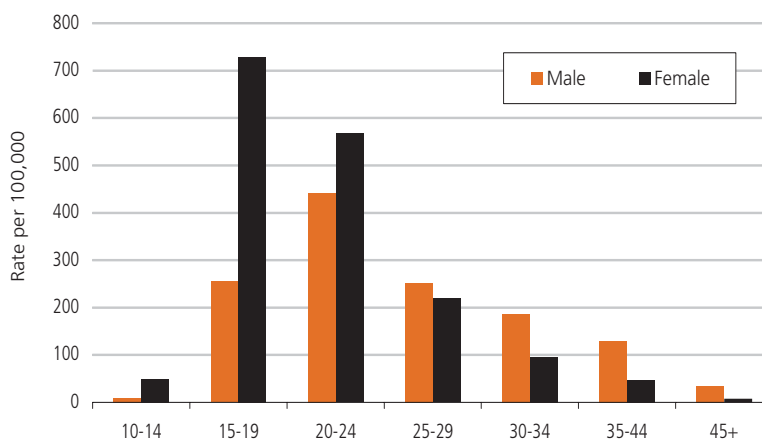
The gonorrhea infection rate among 15-19 year-old females was very high, approximately two times that seen statewide. As with chlamydia, rates were higher among females 15-19 years than among females 20-24 years, a pattern that was not typical for the state or neighboring counties.

Figure 7.18: Chlamydia Case Rates by Age and Gender, Alameda County, 2002-2004



Source: CAPE; Alameda County STD Surveillance, Census 2000, DOF.

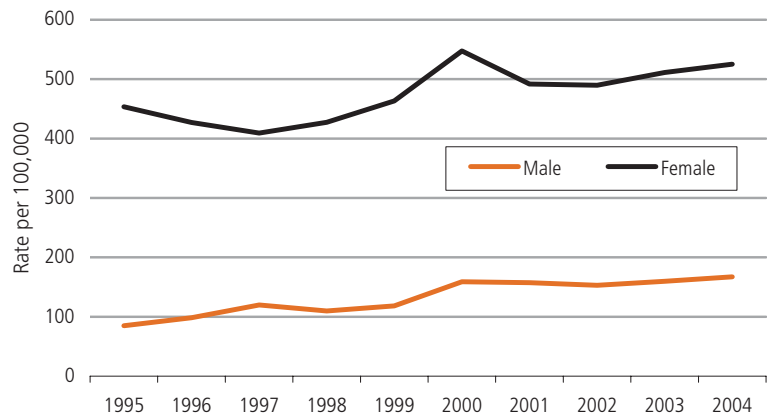
Figure 7.19: Gonorrhea Case Rates by Age and Gender, Alameda County, 2002-2004



Source: CAPE; Alameda County STD Surveillance, Census 2000, DOF.

The chlamydia case rate increased significantly for both males and females in Alameda County between 1995 and 2004. Over this period, female rates were about three times higher than male rates.

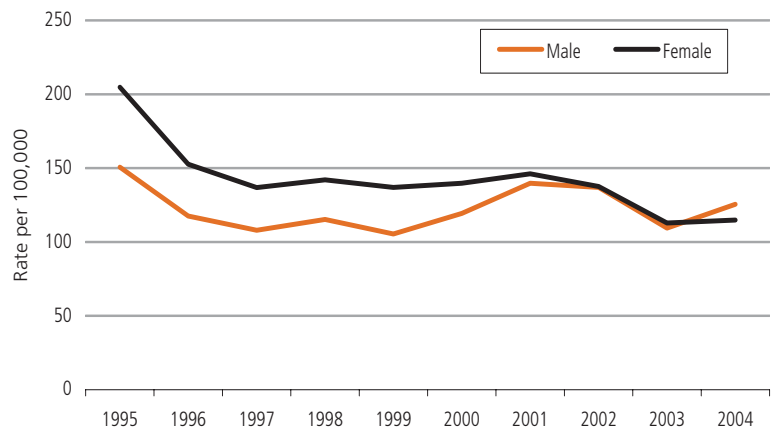
Figure 7.20: Chlamydia Case Rates by Gender, Alameda County, 1995-2004



Source: CAPE; CA DHS STD Control Branch.
Data include both Alameda County and Berkeley health jurisdictions.

Until 2000, gonorrhea infection rates were about one-third higher among females than males. In recent years, male and female rates have converged, and in 2004 male rates in Alameda County were higher than female rates.

Figure 7.21: Gonorrhea Case Rates by Gender, Alameda County, 1995-2004



Source: CAPE; CA DHS STD Control Branch.
Data include both Alameda County and Berkeley health jurisdictions.

What are we doing?

Tuberculosis Control

The Tuberculosis Control Program is witnessing many changes in TB disease in Alameda County. The number of active cases of TB disease has declined over the last five years, but in other ways TB control is becoming more complex. The face of TB in Alameda County has shifted from one which primarily impacted US-born individuals to one which primarily impacts the foreign-born, particularly those from countries with high rates of TB. Additionally, the number of individuals showing resistance to one or more of the first line TB drugs is increasing, complicating the treatment regimen, extending the length of treatment and increasing both the cost of treatment as well as staff time.

The TB program activities include:

- Reinforcing partnerships with medical care providers in order to increase awareness of TB and assist with the early identification, diagnosis and treatment of active cases.
- Conducting case management and contact investigation of TB cases.
- Collaborating with providers to determine appropriate initiation of therapy and ensure best practices, best possible care, and successful patient completion of therapy.
- Reaching out to culturally diverse communities with a high prevalence of tuberculosis and MDR. Activities include identification of health needs and the training of “health navigators” to serve as cultural brokers to immigrants needing access to the health care system.
- Conducting enhanced tracking and follow-up of B1/B2 immigrants in Alameda County to ensure appropriate assessment and facilitate access to appropriate and culturally sensitive health care services. These efforts help to prevent progression from infection to disease. Conducting enhanced tracking and follow-up of B1/B2 immigrants in Alameda County to ensure appropriate assessment and facilitate access to appropriate and culturally sensitive health care services.
- Administering directly observed therapy (DOT); increase the number of individuals receiving DOT; and improve rates of completion among individuals on DOT. Wide use of DOT prevents adverse outcomes such as relapse, further TB transmission and development of drug resistant strains.
- Conducting surveillance activities to collect necessary information to gain a clearer profile of those in Alameda County affected with TB disease. The surveillance data help to direct activities for TB control and is shared with providers of TB care.
- Evaluating the TB Program’s performance on selected indicators for TB control and elimination as part of the TB Indicator Project of the California Department of Health Services TB Control Branch. Outcome and performance results help guide program planning and areas for strengthened efforts.
- Participating in CDC’s universal genotyping initiative. This program provides genotyping services to TB programs to ascertain the diversity of TB strains occurring in their jurisdictions, determining if two or more TB cases have a specific DNA fingerprint pattern. Genotyping also helps identify highly prevalent clusters and risk factors for clustering and enhances contact investigation.

AIDS and HIV

Surveillance

The HIV/AIDS Epidemiology Surveillance (AES) unit of the Division of Communicable Disease Control and Prevention conducts surveillance of new cases of HIV and AIDS infection in the county. While AES has been conducting AIDS surveillance since the early 1980's, HIV surveillance was mandated using a non-name reporting system implemented in 2002. Since that time, more than 1,600 HIV cases have been reported in Alameda County. This expanded surveillance information provides information needed to gain a more accurate picture of the HIV/AIDS epidemic in Alameda County and is used in policy development and for program planning/service provision. Surveillance activities also include:

- Conducting epidemiologic investigation of HIV/AIDS cases in order to establish an accurate mode of HIV transmission, and (in conjunction with Office of AIDS staff) conducting investigations of cases of epidemiological interest.
- Reducing the number of new HIV/AIDS cases in Alameda County and California by offering assistance in the counseling and referral of partners of individuals affected by HIV/AIDS.
- Conducting the Young Men's Study, now in its third year. This study is a survey of men 18–35 years, in low income neighborhoods, aimed at determining the prevalence of HIV, STD and Hepatitis among the target population and characterizing their sexual and drug using behaviors.

Education & Prevention and Care & Treatment

ACPHD, in collaboration with the Community Collaborative Planning Council, service providers, community-based organizations, and other state and federal agencies, provides focused HIV education and prevention services and integrated HIV/AIDS care and treatment services throughout the region, all while responding rapidly to changes in local service demands and utilization patterns among people living with HIV/AIDS. ACPHD activities include:

- Allocating Ryan White Care funds through The Office of AIDS Administration (OAA) contracts with community-based organizations that provide full access to services for diverse HIV-affected populations, regardless of economic status.
- Merging of the HIV Education & Prevention Planning Council with the Health Services Planning Council to form the Collaborative Community Planning Council (CCPC). The CCPC is a planning body that is representative of the local HIV/AIDS community. It addresses concerns regarding education and prevention in addition to care and treatment in the jurisdiction. This is the first jurisdiction in California to accomplish the task.
- Providing care, treatment, and prevention services to HIV-infected residents through the Early Intervention Program from the moment they test positive.
- Providing outreach and education to high-risk populations such as intravenous drug users and sex trade workers.
- Providing HIV/AIDS drugs to individuals who could not otherwise afford them through the AIDS Drug Assistance Program (ADAP).

- Providing funds for care and treatment of recently released prisoners through the Minority AIDS Initiative (MAI).
- Advocating for increased HIV/AIDS awareness in the community through periodic town hall meetings, alliances with faith based organizations and ongoing dissemination of information and materials.
- Bringing additional technical assistance and funding to Alameda County through ongoing collaboration with Congresswoman Lee and the African American Taskforce. The Office of AIDS has funded a grant writer for the past five years to assist community based organizations in applying for additional funding; to date this effort has brought an additional \$4 million into Alameda County.

Sexually Transmitted Diseases

Chlamydia and Gonorrhea

The Alameda County Public Health Department (ACPHD) is proactively engaged on multiple levels to assess the number of new and existing cases of sexually transmitted disease, particularly chlamydia and gonorrhea.

The STD Community Intervention Program (SCIP) continues to build collaborative partnerships with community-based organizations to increase STD awareness, identify innovative prevention strategies, and implement early detection and treatment efforts throughout the county.

The Chlamydia Screening Project (ClaSP) works with Juvenile Justice Health Services (JJHS), to ensure that all females and all symptomatic males are screened for chlamydia within 24 hours of being incarcerated at Juvenile Hall. Project staff also provides an STD health education series for high-risk youth at group homes and foster care facilities, court-ordered and alternative schools and the Juvenile Probation Department. Follow-up treatment, case management and Directly Observed Therapy (DOT), for both chlamydia and gonorrhea, are provided to lapsed clients of JJHS, the county prisons, public health clinics, local hospitals and private providers.

Syphilis

The STD Unit has taken on a more active and aggressive role in syphilis surveillance and case investigation, working in partnership with the State to follow up on primary and secondary syphilis cases. Disease Intervention Specialists conduct enhanced case investigation on highly infectious cases of syphilis.

What else do we need to do?

Tuberculosis

- Pay greater attention to latent TB infection in Alameda County in order to prevent the development of active Tuberculosis in individuals who have been infected. The TB Control Program must address both cases of active disease as well as latent infection in the goal of eliminating TB in Alameda County.
- Perform critical outreach and education to high-risk communities regarding the signs and symptoms of TB and the importance of treatment. Address barriers to identifying, diagnosing and

treating individuals in high-risk communities.

- Enhance prevention efforts among foreign-born persons at greatest risk for developing active disease by developing innovative strategies for targeted testing and preventive treatment of LTBI. Partner with community leaders and organizations to address the impact of TB on their foreign-born residents and develop ways to improve the care of immigrant families.
- Identify resources for Quantiferon testing and other enhanced laboratory services to assure accurate screening and rapid identification of TB infection and disease.
- Provide feedback to providers and healthcare facilities on their contributions to the performance outcomes of the TB Indicator Project. Discussion and collaboration with providers assist in the efforts to eliminate and control TB in the county.

AIDS and HIV

- Continue to work with providers who serve the HIV/AIDS community to improve surveillance efforts that ensure timely and accurate diagnosis and reporting of HIV and AIDS cases.
- Strengthen partnerships with community-based organizations, and promote involvement with faith-based organizations around AIDS awareness, education, and prevention. Work in partnership with these organizations as potential sources of supplemental HIV/AIDS case data.
- Work with hospitals and other service providers that receive Ryan White Care funds to develop a system of uniform reporting of services and enlist participation of each facility.
- Continue to advocate and pursue funding for education and prevention activities, as well as for quality HIV/AIDS services.

Sexually Transmitted Diseases

- Improve surveillance efforts to ensure timely and complete diagnosis and reporting of chlamydia and gonorrhea.
- Work in partnership with health care providers to improve screening of sexually active adolescents and young adult females.
- Encourage repeat screening of adolescent and young adult cases and pregnant females within 4-6 months of treatment.
- Strengthen provider utilization of appropriate therapy to treat uncomplicated chlamydia and gonorrhea cases and support the use of “partner delivered therapy” to prevent re-infection of cases.
- Increase awareness of communities regarding high rates of chlamydia and gonorrhea and their impact on the overall health of the county.
- Increase staffing in order to conduct public health investigations in accordance with recent increases in syphilis cases.
- Provide training for providers on recognizing, diagnosing, staging and treating syphilis. Many providers are unfamiliar with syphilis, hence many are misdiagnosing symptoms and/or providing inappropriate treatment.

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