The Centers for Disease Control and Prevention (CDC) recently released their 2010 STD Treatment Guidelines which replace those previously issued by CDC in 2006. Within these guidelines are recommendations for the most effective treatment regimens, screening, prevention, and vaccination strategies for persons who have or are at risk for STDs. Following are some key differences between the 2006 and 2010 treatment guidelines:

- New treatment recommendations for gonorrhea
- Additional treatment recommendations for external genital warts
- Revised guidance on the diagnostic evaluation and management of syphilis; including the criteria for spinal fluid examination to evaluate neurosyphilis among HIV-infected persons
- Strengthened recommendations for chlamydia re-testing, including statement that re-testing of women and men should be a priority for providers
- Expanded adolescents special populations section; including new screening and primary prevention recommendations
- New section introducing persons in correctional facilities as a special population

Treatment of gonorrhea represents one of the most significant changes in the 2010 STD treatment recommendations because of increasing prevalence of antimicrobial-resistant Neisseria gonorrhoeae to cephalosporins and for greater efficacy of treatment of pharyngeal infections:

- Ceftriaxone is the preferred antimicrobial agent. The dose of ceftriaxone for uncomplicated anogenital gonorrhea infections is increased to 250 mg intramuscularly (IM) from 125 mg IM. An oral dose of cefixime 400 mg remains an option, but does not provide as high or a sustained a bactericidal level as that provided by ceftriaxone 250 mg. Medical sites in California should make every effort to provide ceftriaxone 250 mg as the first-line treatment regimen for gonorrhea.
- Dual therapy is recommended for all suspected and confirmed cases of gonorrhea to slow the continuing development of antimicrobial-resistant Neisseria gonorrhoeae. The following dual therapy regimen is recommended regardless of whether ceftriaxone or cefixime is prescribed and regardless of chlamydia result.

A summary table of the 2010 STD Treatment Guidelines for Adults and Adolescents is available by visiting the CDPH website at: http://www.cdph.ca.gov/programs/std/Documents/CA-STD-Screening-Recommendations-2010.pdf or the Santa Barbara County Disease Control & Prevention website at: www.sbcphd.org/dcp

We appreciate prompt reporting of all reportable STDs to the Santa Barbara Disease Control & Prevention Program. Please continue to fax Confidential Morbidity Reports to (805) 681-4069.

Pertussis Boosters Now Required for School Entry for All 7th - 12th Graders

A new California school immunization requirement was recently signed into law. All 7th through 12th grade students in public and private schools will be required to show proof that they have received a pertussis (Tdap) booster shot prior to starting the 2011-2012 school year. (For the 2012-2013 school year only students entering the 7th grade will need proof of a Tdap booster prior to starting school.) Exemptions to this new requirement will be permitted for verified medical conditions or personal beliefs. This new requirement will protect California’s adolescents and their families from pertussis and provide a chance for adolescents to get caught up with all recommended vaccinations.

The recommendation by the California Department of Public Health (CDPH) for a dose of Tdap for all youth ages 10 years and older will fulfill the new school entry requirement. (While not routine, a dose of Tdap given between the 7th and 10th birthday will also meet the school entry requirement, but the students may not be fully protected through the end of high school.) Adolescents who have received only the Td booster vaccine will not meet the new pertussis immunization requirement.

- Order enough Tdap vaccine to immunize your patients affected by the law and ensure that you have adequate storage for any increase in Tdap orders.
- Vaccines for Children (VFC) Providers need to provide vaccines to their VFC eligible children (i.e. uninsured children, children with Medi-Cal/CHDP, and American Indian/Alaska Natives).
- Public Health Department Health Care Centers will provide immunizations to those who do not have a medical home and are uninsured.
- Immunize at every opportunity, including sports physicals and visits for mild illness or injury.
- Send reminders and recall notices to your patients who have not yet received a Tdap booster, including those who have received a dose of Td but not Tdap. Remember Td does NOT meet the new requirement! Tdap can be given at any time after the last dose of Td.
- Help parents make an informed decision to vaccinate. Share vaccine benefits and openly address parents’ questions and concerns.
- Document Tdap doses clearly for schools (“Tdap”- not “Td” or “Td/Tdap” on the immunization record.)
- Visit the Tdap School Requirement website www.shotsforschool.org for additional resources (phone scripts, letter templates, etc.).

One - Day Conference for Educators, Nurses, & Others Who Promote Health

“Best Practices in Health Promotion” conference on Friday, April 15, 2011, 8:30 a.m. - 3:15 p.m. at the Santa Barbara County Public Health Auditorium located at 300 N. San Antonio Road, Santa Barbara. Pre-registration required. Space is limited. Registration is on a first paid, first served basis. Topics include: Health Implications of Global Warming, Teaching Health-Related Advocacy Skills, Chronic Disease Self-Management, Navigating Health Service Systems, Experiential Learning Activities, and Health Promotion Using Mobile Phones. Contact Scott McCann at scott.mccann@sbcphd.org for registration information.

Public Health Department Embarks on Electronic Heath Record Project

Public Health is embarking on an incredible journey that will transform not only the way in which we provide care, but even more importantly the quality of care we are able to offer our patients. This project is the true embodiment of our Vision statement: “Healthier communities through leadership, partnership and science.”

With the flip of a switch, our Health Care Centers will emerge from the “dark ages” of paper into the wondrous light of the “digital age.” This all may sound a little over dramatic; however, this undertaking represents one of the most transformative shifts to occur in Public Health since closing as a County hospital and reopening as primary care facilities in the 1970’s.