

**Washoe County Health District
Community & Clinical Health Services
Sexual Health Program**

**2008
Sexual Health Report**



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SEXUAL HEALTH PROGRAM

Mandates:

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SEXUAL HEALTH PROGRAM MISSION AND DESCRIPTION

To provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

The Sexual Health Program utilizes resources to promote positive outcomes associated with reproductive and sexual health including the prevention of HIV, sexually transmitted diseases (STDs), and unintended pregnancy across the lifespan. Outcomes are based on best practices in direct services and prevention activities that are data driven and client centered.

The Sexual Health Program carries the values of rights, respect, and responsibility.

The community has:

- The **RIGHT** to balanced, accurate, and realistic sexual health education and confidential, affordable sexual health services;
- The **RESPECT** of individual assets and experiences that are a part of the planning, implementation, and evaluation of sexual health programs and services; and
- The **RESPONSIBILITY** for individuals to make the link between sexuality and values and to protect their health as well as the health of others. The Sexual Health Program is responsible for providing individuals and the community the tools necessary to act responsibly, including information, services, and input into programs and services.

HIV ACTIVITIES

HIV activities are related to prevention, testing, and surveillance. These include:

- Collecting statistical data regarding HIV infections/AIDS cases and risk-related behaviors;
- Providing information, counseling, and referrals for individuals living with HIV infection;
- Providing HIV counseling and testing services in the community;
- Educating the community about risk reduction as it relates to HIV infection;
- Leading the Northern Nevada Outreach Team to coordinate counseling, testing, and prevention intervention in non-traditional venues;
- Providing leadership and technical assistance to community based organizations and agencies;
- Participating in HIV prevention community planning and care recommendations through participation in the Northern Nevada HIV/AIDS/STD Planning Council;
- Proceed in role as fiscal agent for federal HIV Prevention funds subgranted through the Nevada State Health Division;
- Evaluating HIV prevention programs within the community; and
- Partner notification, testing, and referrals to social and health-care services.

*Within this document, high-risk individuals are defined as those people who fall into one or more of the following categories: Men who have Sex with Men (MSM), sex partners of MSMs, Injecting Drug Users (IDUs), sex partners of IDUs, those who present with opportunistic infections, HIV positive contacts, sexual assault victims, pregnant women, those asking for an HIV test, and individuals presenting with a concurrent sexually transmitted disease.

STD ACTIVITIES

The STD Program conducts prevention, testing, and surveillance activities. These services include:

- Screening and testing for STDs including HIV;
- Hepatitis A and B vaccinations;
- Diagnosis and treatment;
- Information, counseling and referrals;
- Prevention education; and
- Participation in the Region IX Infertility Prevention Project.

SURVEILLANCE REPORTING

HIV/AIDS

Effective 2005, the definition of “HIV Infection” was modified to exclude those who are AIDS-diagnosed at the time of testing or within the same calendar year as the HIV diagnosis. Methods were changed in order to prevent duplicate reporting of the same case as both HIV and AIDS. Twelve (12) newly diagnosed HIV infections are not reported in this table, as they progressed to an AIDS diagnosis within six months. One (1) HIV infection was removed from the Jan-July 2008 reporting period, since the individual progressed to an AIDS diagnosis in the July-Dec. 2008 reporting period.

Table 1 – HIV Infections (Not AIDS) Reported, January 1, 2008– December 31, 2008

Gender	Reported HIV Cases (not yet AIDS)	New Cases in 2008 (HIV not yet AIDS)				Cumulative Cases %
		January-June	July-December	Total	%	
Male		3	11	14	67%	85%
Female		2	5	7	33%	15%
Total Adults		5	16	21	100%	100%
Race/Ethnicity	White	4	12	16	76%	75%
	Black	1	1	2	10%	12%
	Hispanic	0	2	2	10%	10%
	Asian	0	1	1	5%	0%
	American Indian/Alaskan Native	0	0	0	0%	1%
	Other/Not Identified	0	0	0	0%	1%
	Total	5	16	21	100%	100%
Exposure Categories	Men who have sex with men	3	7	10	48%	53%
	Injecting drug use	0	3	3	14%	11%
	Men who have sex with men/IDU	0	0	0	0%	9%
	Hemophilia/coagulation disorder	0	0	0	0%	0%
	Heterosexual contact	2	3	5	24%	8%
	*Heterosexual contact with known HIV+ partner	0	3	3	14%	0%
	Receipt of blood transfusion/products	0	0	0	0%	0%
	Other/Not Identified	0	0	0	0%	18%
	Adult/Adolescent Totals	5	16	21	100%	100%
	Ped. cases (parent with/at risk for HIV infection)	0	0	0	0%	0%
	Total	5	16	21	100%	100%
Ages	Ages 0-18	0	0	0	0%	1%
	Ages 19-24	3	2	5	24%	15%
	Ages 25-39	1	5	6	29%	59%
	Ages 40 and over	1	9	10	48%	25%
	Total	5	16	21	100%	100%

Table 2 – AIDS Cases Reported, January 1, 2008 – December 31, 2008

Gender	Reported AIDS Cases	New Cases in 2008				Cumulative Cases %
		January- June	July- December	Total	%	
Gender	Male	14	5	19	83%	92%
	Female	1	3	4	17%	8%
	Total	15	8	23	100%	100%
Race/ Ethnicity	White	8	6	14	61%	76%
	Black	5	1	6	26%	9%
	Hispanic	1	0	1	4%	13%
	Asian/Pacific Islander	0	0	0	0%	1%
	American Indian/Alaskan Native	1	1	2	9%	1%
	Other/Not Identified	0	0	0	0%	0%
	Total	15	8	23	100%	100%
Exposure Categories	Men who have sex with men	8	3	11	48%	65%
	Injecting drug use	1	1	2	9%	9%
	Men who have sex with men/IDU	2	1	3	13%	7%
	Hemophilia/coagulation disorder	0	0	0	0%	0%
	Heterosexual contact	2	1	3	13%	6%
	*Heterosexual contact with known HIV+ partner	0	2	2	9%	0%
	Receipt of blood transfusion/products	1	0	1	4%	2%
	Other/Not Identified	1	0	1	4%	11%
	Adult/Adolescent Totals	15	8	23	100%	100%
	Ped. cases (parent with/at risk for HIV infection)	0	0	0	0%	0%
	Total	15	8	23	100%	100%
Ages	Ages 0-18	0	0	0	0%	1%
	Ages 19-24	1	0	1	4%	4%
	Ages 25-39	4	4	8	35%	51%
	Ages 40 and over	10	4	14	61%	45%
	Total	15	8	23	100%	100%

Of the total AIDS cases for January - June 2008, 9 were also new HIV infections during 2008 that are not accounted in total HIV cases for 2008.

*Able to document this risk category in second half of 2008.

Out-of-Jurisdiction HIV Cases

Staff was involved in case surveillance of out-of-county and/or out-of-state HIV cases. When reviewed, these cases were determined to be previously reported in jurisdictions outside Washoe County. The following information resulted from their efforts:

Table 3 – HIV Infections Out-of-Jurisdiction, January 1, 2008 – December 31, 2008

Original Reporting Jurisdiction	January-June	July-December	Total 2008
California	5	15	20
Ohio	2	1	3
Colorado	1	1	2
Georgia	1	1	2
Missouri	0	2	2
New York	2	0	2
Alabama	0	1	1
Florida	1	0	1
Illinois	0	1	1
Louisiana	0	1	1
Minnesota	0	1	1
Oklahoma	0	1	1
Tennessee	1	0	1
Texas	1	0	1
Utah	0	1	1
Wisconsin	1	0	1
Totals	15	26	41

Source: HARS Database

Reported HIV Infection Sources

The WCHD reports all HIV seropositive and viral load test results with patient name and demographics to the State's HARS staff. County and State HARS personnel work closely to insure proper and confidential record keeping. A new HARS database was implemented at the end of 2008 that will allow for real-time reporting to NVHD. Table 4 represents the number and provider source of newly reported HIV infections during the year.

Table 4 – HIV Infection Reporting Sources, January 1, 2008 – December 31, 2008

HIV Reporting Source	January-June	July-December	Total 2008
Community Organizations	7	2	9
Private Medical Doctors	3	4	7
WCHD - Onsite	1	4	5
Blood/Blood Products Organizations	0	4	4
Hospitals	3	0	3
Community Health Clinics	0	1	1
Detention Facilities, not WCHD testing	1	0	1
WCHD - Offsite	0	1	1
Total	15	16	31

Source: HARS Database, Client Charts

STD

Chlamydia, gonorrhea, and syphilis are the reportable STDs, besides HIV, in Washoe County. The Sexual Health Program provides clinical services related to STDs, including testing, examination, and appropriate treatment. In addition, staff process, investigate, and collect data from lab and provider reports of positive, reportable STDs in Washoe County. Tables 5-8 represent the number of infections and demographics of each reported STD.

Table 5 – Chlamydia Infections Reported, January 1, 2008 – December 31, 2008

Gender	Reported Chlamydia Cases	New Cases in 2008			
		January-June	July-December	Total	%
Male		232	239	471	35%
Female		433	436	869	65%
Total		665	675	1340	100%
Race/Ethnicity	White	306	326	632	47%
	Black	101	119	220	16%
	Hispanic	201	178	379	28%
	Asian	24	21	45	3%
	American Indian/ Alaskan Native	18	16	34	3%
	Pacific Islander	15	14	29	5%
	Other/Not Identified	0	1	1	0%
	Total		665	675	1340
Ages	Ages 0-19	267	269	536	40%
	Ages 20-24	250	225	475	35%
	Ages 25-39	132	156	288	21%
	Ages 40 and over	16	25	41	3%
	Total		665	675	1340

Source: STD*MIS Database

Table 6 – Gonorrhea Infections Reported, January 1, 2008 – December 31, 2008

Gender	Reported Gonorrhea Cases	New Cases in 2008			
		January-June	July-December	Total	%
Male		55	49	104	49%
Female		64	45	109	51%
Total		119	94	213	100%
Race/Ethnicity	White	51	38	89	42%
	Black	32	37	69	32%
	Hispanic	29	15	44	21%
	Asian	3	1	4	2%
	American Indian/ Alaskan Native	2	1	3	1%
	Pacific Islander	1	2	3	
	Other/Not Identified	1	0	1	0%
	Total	119	94	213	99%
Ages	Ages 0-19	42	18	60	28%
	Ages 20-24	39	26	65	31%
	Ages 25-39	28	39	67	31%
	Ages 40 and over	10	11	21	10%
	Total	119	94	213	100%

Source: STD*MIS Database

Table 7 – Syphilis Infections (All Stages) Reported, January 1, 2008 – December 31, 2008

Gender	Reported Syphilis Cases	New Cases in 2008			
		January-June	July-December	Total	%
Male		8	6	14	64%
Female		2	6	8	36%
Total		10	12	22	100%
Race/Ethnicity	White	5	3	8	36%
	Black	2	3	5	23%
	Hispanic	1	5	6	27%
	Asian	1	0	1	5%
	American Indian/ Alaskan Native	0	0	0	0%
	Pacific Islander	1	1	2	9%
	Other/Not Identified	0	0	0	0%
	Total	10	12	22	100%
Ages	Ages 0-19	0	3	3	14%
	Ages 20-24	3	1	4	18%
	Ages 25-39	1	3	4	18%
	Ages 40 and over	6	5	11	50%
	Total	10	12	22	100%

Source: STD*MIS Database

The following is a breakdown of syphilis cases by stage of infection:

- Four (4) cases of primary or secondary, including two (2) females;
- Two (2) cases of early latent syphilis, both females, and:
- Sixteen (16) cases of syphilis of latent or unknown duration.

Table 8 – Male Syphilis Cases (All Stages), January 1, 2008 – December 31, 2008

<i>Male Syphilis Cases</i>							
		<i>Information about Index Case</i>					
# of Cases	Cases with Partner Information	Total # of HIV+	Total # of HIV-	Total # of HIV Status Unknown	HIV + & MSM	HIV – & MSM	HIV Status Unknown & MSM
14	*Unknown due to STD*MIS database error	5	8	1	4	1	0

Source: STD*MIS Database

Table 9 – Females Syphilis Cases (All Stages), January 1, 2008 – December 31, 2008

<i>Female Syphilis Cases</i>				
		<i>Information about Index Case</i>		
# of Cases	Cases with Partner Information	Total # of HIV +	Total # of HIV -	Total # of HIV Status Unknown
8	*Unknown due to STD*MIS database error	0	5	3

Source: STD*MIS Database

Partner Services

Partner services are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. A critical function of partner services is partner notification, a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk. Other functions of partner services include prevention counseling, testing for HIV and other types of STDs, treatment or linkage to medical care, linkage or referral to other prevention services, and linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance, legal services, and mental health services). The rationale for use of partner services is that appropriate use of public health resources to identify infected persons, notify their partners of their possible exposure, and provide infected persons and their partners a range of medical, prevention, and psychosocial services can have positive results including 1) positive behavior changes and reduced infectiousness; 2) decreased STD/HIV transmission; and 3) reduced STD/HIV

incidence and improved public health (Centers for Disease Control and Prevention. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. MMWR Early Release 2008; 57. October 30, 2008: p.4).

Disease Intervention Specialists provide surveillance and investigation of reported diseases. From these cases, persons that had sexual, needle-sharing, or other applicable transmission risk with the initial case are investigated. These persons are classified as “contacts.” During the investigations, testing and appropriate treatment is offered to the contacts.

HIV/AIDS

Table 10 – HIV/AIDS Contact Tracing, January 1, 2008 – December 31, 2008

Contacts Identified in 2008	January - June	July - December	Total	Cumulative %
Negative Result Male	20	19	39	51%
Positive Result Male	5	6	11	14%
Refused Testing Male	2	0	2	3%
Not yet tested/investigation ongoing Male	0	2	2	3%
Male Contacts who are already HIV Positive	5	2	7	9%
Total Male	32	29	61	80%
Negative Result Female	7	3	10	13%
Positive Result Female	2	3	5	7%
Refused Testing Female	0	0	0	0%
Not yet tested/investigation ongoing Female	0	0	0	0%
Female Contacts who are already HIV Positive	0	0	0	0%
Total Female	9	6	15	20%
Total Contacts	41	35	76	100%
<i>Total Contacts with New, Positive Test Results</i>	7	9	16	21%

Source: HARS Database, Client Charts

STD

The total number of partners for chlamydia, gonorrhea, and syphilis are not available for this report. This omission is due to an error in the STD*MIS database when reports are generated. Follow-up with other STD*MIS users and the CDC has been established.

Chlamydia

Table 11 – Chlamydia Contact Tracing, January 1, 2008 – December 31, 2008

Disposition	January – June	July - December	2008 Total	Percent
<i>Total Cases</i>	665	675	1340	
<i>Total Partners*</i>				
<i>Total Partners Initiated</i>	723	745	1468	
New Partners Examined				
Preventive Epi Treatment	141	162	303	47.3%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	155	156	311	48.6%
Infected - Not Treated	1	0	1	0.2%
Not Infected	11	14	25	3.9%
<i>Total</i>	308	332	640	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	96	101	197	38.8%
Unable to Locate	8	24	32	6.3%
Located – Refused Examination	34	24	58	11.4%
Out of Jurisdiction	21	19	40	7.9%
Other	95	84	181	35.6%
<i>Total</i>	254	252	508	100.0%
Previous Treatment for this Infection (not counted as new partner)	161	161	322	
*Due to an error in the STD*MIS database, the total number of partners cannot be reported. Analysis related to the total number of partners is not included in this report.				

Source: STD*MIS Database

Gonorrhea

Table 12 – Gonorrhea Contact Tracing, January 1, 2008 – December 31, 2008

Disposition	January – June	July - December	2008 Total	Percent
<i>Total Cases</i>	119	94	213	
<i>Total Partners*</i>				
<i>Total Partners Initiated</i>	130	94	224	
New Partners Examined				
Preventive Epi Treatment	29	28	57	57.0%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	16	22	38	38.0%
Infected - Not Treated	0	0	0	0.0%
Not Infected	5	0	5	5.0%
<i>Total</i>	50	50	100	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	36	22	58	59.2%
Unable to Locate	6	2	8	8.2%
Located – Refused Examination	5	0	5	5.1%
Out of Jurisdiction	1	3	4	4.1%
Other	14	9	23	23.5%
<i>Total</i>	62	36	98	100.0%
Previous Treatment for this Infection (not counted as new partner)	18	20	38	
*Due to an error in the STD*MIS database, the total number of partners cannot be reported. Analysis related to the total number of partners is not included in this report.				

Source: STD*MIS Database

Syphilis

Table 13 – Syphilis (All Stages) Contact Tracing, January 1, 2008 – December 31, 2008

Disposition	January – June	July - December	2008 Total	Percent
<i>Total Cases</i>	10	12	22	
<i>Total Partners*</i>				
<i>Total Partners Initiated</i>	2	11	13	
New Partners Examined				
Preventive Epi Treatment	0	0	0	0.0%
Refused Preventive Treatment	0	0	0	0.0%
Infected - Treated	0	2	2	50.0%
Infected - Not Treated	0	0	0	0.0%
Not Infected	0	2	2	50.0%
<i>Total</i>	0	4	4	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	0	0	0	0.0%
Unable to Locate	0	0	0	0.0%
Located – Refused Examination	0	0	0	0.0%
Out of Jurisdiction	1	2	3	100.0%
Other	0	0	0	0.0%
<i>Total</i>	1	2	3	100.0%
Previous Treatment for this Infection (not counted as new partner)	1	5	6	
*Due to an error in the STD*MIS database, the total number of partners cannot be reported. Analysis related to the total number of partners is not included in this report.				

Source: STD*MIS Database

COUNSELING AND TESTING

HIV

The Washoe County Health District (WCHD) provides Counseling, Testing, and Referral (CTR) services, partner notification, and Comprehensive Risk Counseling Services (CRCS), formerly Prevention Case Management (PCM) to the Washoe County population. This includes interviewing new clients, pre and post-test counseling, and working with clients to ensure medical follow-up and treatment/prevention of secondary HIV infection. The WCHD continues to conduct HIV testing and outreach both on-site and off-site.

During 2008, 2,455 HIV antibody tests were reported to the WCHD counseling and testing system. There were seven (7) positive results, which yields <1% positivity rate. The following represents activities from WCHD funded testing sites reported in the counseling and testing system during the year.

Table 14 – HIV Counseling and Testing Sites, January 1, 2008 – December 31, 2008

WCHD HIV Counseling and Testing Sites 2008	January - May		June - December		Total Tests
	<i>Negative Tests</i>	<i>Positive Tests</i>	<i>Negative Tests</i>	<i>Positive Tests</i>	
Detention Facilities, not WCHD	38		77		115
WCHD - Onsite	532	1	713	4	1250
WCHD - Offsite	441	1	645	1	1088
Other			2		2
Test Outcomes	1011	2	1437	5	2455
Total Tests Provided		1013		1442	2455
Test Results Provided to Client	634	2	958	5	1599
Percentage of Test Results Provided	62.71%	100.00%	66.67%	100.00%	65.13%

Sources: Insight, PEMS

Additional providers offer HIV testing in the community not funded by WCHD, including private medical providers, hospitals, and clinics. Of note, the Northern Nevada Outreach Team (NNOT), Planned Parenthood Mar Monte (PPMM), and Northern Nevada HOPES provide testing to high-risk populations. NNOT reported 356 tests performed during outreach and special events for the reporting period.

STD

WCHD provides STD testing through clinics and venues that include the STD clinic, family planning clinic, teen health clinic, adult detention facility, juvenile detention facility, and offsite testing where high-risk populations congregate. These tests are paid for through grant and local funding.

Table 15 – Total Number of STD Tests Provided, January 1, 2008 – December 31, 2008

	January- June	July - December	Totals
Chlamydia	2844	2629	5473
Gonorrhea	2844	2629	5473
Syphilis	1076	1100	2176
Total Tests	6764	6358	13122

Source: Nevada State Public Health Laboratory Data

Infertility Prevention Project

WCDHD participates in the Infertility Prevention Project (IPP) for Region IX. Screening guidelines established by the Region IX IPP provide standards for identifying and preventing STDs that may lead to infertility.

Table 16 – STD Tests Provided at Select Venues, January 1, 2008 – December 31, 2008

Chlamydia						
Provider Type	# of Chlamydia Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males		
					Aptima Combo, Genprobe	Region IX IPP Guidelines
FP	2033	7	70	0		
STD	885	1620	141	346		
Jail	325	504	28	40		
Teen Health Mall	1769	8	151	1		
Juvenile Detention	193	710	21	19		
Totals	5205	2849	411	406		

Source: STIS Database, Insight

Table 17 – Total Number of STD Tests Provided, January 1, 2008 – December 31, 2008

Gonorrhea						
Provider Type	# of Gonorrhea Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males	Aptima Combo, Genprobe	Region IX IPP Guidelines
FP	2037	7	0	0		
STD	885	1622	29	40		
Jail	325	504	9	5		
Teen Health Mall	1769	8	11	0		
Juvenile Detention	193	710	2	2		
Totals	5209	2851	51	47		

Source: STIS Database, Insight

Table 18 – IPP Performance Measures

IPP Performance Measure	Result(s)
Tests provided: Chlamydia Gonorrhea	5545 5549
Family Planning Clinic & Teen Health Mall: Women w/ positive Chlamydia treated within 14 days of specimen collection	92% (133 cases treated out of 144 positive Chlamydia results)
Family Planning Clinic & Teen Health Mall: Women w/ positive Chlamydia treated within 30 days of specimen collection	94% (135 cases treated out of 144 positive Chlamydia results)
Family Planning Clinic & Teen Health Mall: Women w/ positive gonorrhea treated within 14 days of specimen collection	82% (9 treated out of 11 positive gonorrhea results)
Tests provided to high-risk women (≤ 25) and adolescents (15-19) Chlamydia Gonorrhea	High-risk women (≤ 25) CT - 2743 GC - 2751 Adolescents (15-19) CT - 2078 GC - 2077
Tests provided to high-risk female in juvenile detention Chlamydia Gonorrhea	316 females detainees 117 117

Source: STIS Database, Insight

HIV PROGRAM GOALS AND OBJECTIVES

The Washoe County Health District (WCHD) maintains the following Scope of Work for the 2007 calendar year as part of the Nevada Department of Health and Human Services, Health Division (NVHD)'s HIV Prevention Program. These activities and objectives also correspond to the HIV Prevention Program Performance Indicators developed by the Centers for Disease Control and Prevention (CDC). A number of these goals and objectives also satisfy reporting for STD activities reported to the NVHD's STD program.

A. Counseling, Testing, and Referral Services (CTR)

HIV Counseling, Testing, and Referral (CTR) refers to a collection of activities designed to increase a client's knowledge of his/her HIV serostatus, encourage and support risk reduction, and secure needed referrals for appropriate medical, prevention, and Partner Counseling and Referral Services (PCRS). CTR can be provided in a number of settings using a variety of methods. CTR services provided by the WCHD address four basic requirements: 1) inform clients about HIV transmission routes, the HIV antibody testing process, and the meaning of a positive or negative test result, 2) provide client centered counseling around issues of recognizing one's risk for HIV infection, risk reduction, and the need for testing, 3) if appropriate, test clients using the best available method, and 4) address needs for additional services and provide suitable referrals to meet those needs (CDC's Procedural Guidance for Implementation of Counseling, Testing, and Referral, 2003).

Objectives

A.1: Subgrantee will provide 1,500 to 1,700 HIV tests to high-risk individuals in Washoe County.

This objective was met and exceeded for January 1 through December 31, 2008, as 2,455 HIV tests were provided to the community by WCHD clinics or funded agencies. This represents 144% of the objective (2455/1700) tests.

A.2: The percentage of newly identified, confirmed HIV-positive test results among all tests provided by the subgrantee will be 3% or less.

This objective was met for January 1, 2008 through December 31, 2008, as the percentage of newly identified, confirmed HIV-positive test results among all tests provided by WCHD staff was less than 1%.

A.3: Subgrantee will return 95% of newly identified, confirmed HIV-positive test results to clients.

This objective was met and exceeded for January 1, 2008 through December 31, 2008, as 100% of newly identified, confirmed HIV-positive test results were returned to clients.

A.4: At least 70% of individuals who test for HIV will return to the subgrantee for results and post-test counseling.

This objective was not met for the reporting period, as 65% of individuals who tested for HIV received their results and post-test counseling. A review of the data indicates that the result rate is increasing. During the first half of 2008, 62% of results were provided to clients. Provision of results increased during the second half of 2008, with 66% of results provided to clients. During the same timeframe, the

number of tests provided increased 42% compared to first half of 2008 (refer to Table 14). This is significant because staff increased the rate of provision of results at the same time as the volume of tests increased.

The Sexual Health Data Workgroup and Sexual Health Program staff at WCHD continues to assess the rationale for the rate of clients receiving their results. Many structural changes have taken place to streamline process and resources in the program. The most significant change has been the availability of phone results for clients receiving HIV and STD services. Since the implementation of this mechanism, the percentage of results provided has increased, which is expected to continue. Procedures are in place to protect client confidentiality, quality of post-test counseling, and availability of resources. Formative and process monitoring will continue, including analysis of available data. This will be used to further leverage resources and meet the needs of our clients. The Sexual Health Program will continue to address this objective in order to meet and exceed the national benchmark.

A.5: Subgrantee will report to the NVHD the number of newly diagnosed HIV infections within the 13-24 age group.

From January 1, 2008 through December 31, 2008, there were five (5) newly diagnosed HIV infections and one (1) new AIDS case reported within the 13-24 age group.

B. Partner Counseling and Referral Services (PCRS)

HIV Program staff will maintain the following Partner Counseling and Referral Services (PCRS) goals: 1) provide services to HIV-infected persons and their sex and needle-sharing partners so they can avoid infection or, if already infected, can prevent transmission to others and 2) help partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services. Through PCRS, HIV Program staff will inform persons of their exposure or possible exposure to HIV. Notified partners can choose whether to be tested, and, if not tested or if found to be uninfected, can receive counseling about practicing safer behaviors to avoid future exposure to HIV. If, however, they are found to be infected, they can seek early medical treatment and practice behaviors that help prevent transmission of HIV to others and reduce the risk of becoming infected with other STDs (CDC's HIV Partner Counseling and Referral Services Guidance, 2004).

Objectives

B.1: Subgrantee will provide an HIV test to 95% of contacts with unknown or negative serostatus after PCRS notification.

This objective was met and exceeded for January 1, 2008 through December 31, 2008, as 67 of the 69 contacts (97%) of the HIV contacts with unknown or negative serostatus were provided counseling and testing services. Four (4) contacts refused HIV when offered or are still being investigated. However, two (2) of those contacts were provided counseling, yet refused testing on multiple occasions.

B.2: Subgrantee will provide notification of a positive test result to 95% of contacts with a newly identified, confirmed HIV positive test.

This objective was met and exceeded for January 1, 2008 through December 31, 2008, as seven (7) contacts (100%) with a newly identified, confirmed HIV-positive test were provided notification of their test result.

B.3: Subgrantee will report to the NVHD the percent of contacts with a known, confirmed HIV-positive test among all contacts.

For January 1, 2008 through December 31, 2008, none (0%) of the 69 identified contacts had previous, confirmed HIV positive test results. Sixteen (16) of the 69 contacts (23%) were newly diagnosed with HIV.

C. Community Planning

The WCHD will perform community planning activities in accordance with the following goals: 1) increase meaningful community involvement in prevention planning, 2) improve the scientific basis of program decisions, and 3) target resources to those communities at highest risk for HIV transmission/acquisition (CDC's 2006-2008 HIV Prevention Community Planning Guidance).

Objectives

C.1: All (100%) of the subgrantee-funded HIV prevention interventions will correspond to priorities specified in the Comprehensive HIV Prevention Plan.

This objective was met for January 1, 2008 through December 31, 2008, as 100% of WCHD-funded prevention interventions/other supporting activities corresponded to the following priorities as specified in the 2006-2008 Comprehensive HIV Prevention Plan:

Priority Primary Population

1. HIV Positive Individuals
2. Men Who Have Sex with Men (MSM)
3. Substance Abusers/Users
4. Sexually Active Heterosexuals

C.2: Biannually, subgrantee will report to the NVHD the number of CPG members representative of the priority populations listed in the Comprehensive HIV Prevention Plan.

This objective has not been completed to date. The information has not been requested by the NVHD.

C.3: Subgrantee will provide ongoing support to the Northern Nevada HIV/AIDS/STD Planning Council, including coordination of meeting locations, minutes, and agendas.

This objective was met for January 1, 2008 through December 31, 2008, as staff provided support and completed all necessary duties related to the NNPC for meetings occurring during the funding period.

C.4: Subgrantee will participate in the statewide and regional community planning process as described by CDC.

This objective was met for January 1, 2008 through December 31, 2008, as staff participated and completed all necessary duties related to the statewide and regional community planning process occurring during the funding period.

D. Evaluation

CDC's Program Evaluation and Monitoring System (PEMS) is data collection software designed for health departments and community based organizations funded by the CDC to deliver HIV prevention services. PEMS will facilitate the collection, reporting, analysis, and interpretation of standardized data regarding HIV prevention service activities. The WCHD will collect process monitoring data as required by PEMS and ensure CDC funded community based organizations collect the required data as well.

Objectives

D.1: Subgrantee will collect process-monitoring data on HIV prevention activities.

This objective was met for January 1, 2008 through December 31, 2008, as staff continues to collect process-monitoring data. Data on agencies, intervention types, and budget were required for entry into PEMS in May. This deadline was met. Staff continues to build the Washoe County "instance" of PEMS for CTR and for funded agencies' data to be entered as staff resources allow.

D.2: All (100%) of the subgrantee-funded agencies implementing HIV prevention programs will collect process-monitoring data on HIV prevention activities.

This objective was met for January 1, 2008 through December 31, 2008, as 100% of WCHD-funded agencies implementing HIV prevention programs collected process-monitoring data.

E. Health Education and Risk Reduction (HE/RR)

HIV Program staff conducted health education/risk reduction activities targeted to persons at increased risk of becoming infected with HIV or, if already infected, of transmitting the virus to others. The goal of health education and risk reduction programs is to reduce the risk of these events occurring. Activities are directed to persons whose behaviors or personal circumstances place them at risk. Street and community outreach, risk reduction counseling, prevention case management, and community-level intervention have been identified as successful health education and risk reduction activities (CDC's Guidelines for Health Education and Risk Reduction Activities, 1995).

Objectives

E.1: Subgrantee-funded agencies will ensure that 75% of individual level intervention (ILI) program participants complete the intended number of program sessions.

Nevada AIDS Foundation (NAF) is funded to provide the ILI, Comprehensive Risk Counseling and Services (CRCS), to high-risk HIV positive and HIV negative individuals for calendar years 2008 and 2009. NAF was funded to recruit 15 HIV positive individuals and 45 negative, high-risk participants into the intervention. Seventy-eight (78) individuals were recruited into the program; 18 of which are high-risk HIV positive and 60 high-risk HIV negative individuals. Sixteen (16) HIV positive and 40 high-risk HIV negative clients enrolled in the program. Of the participants that enrolled in the

intervention, 42 were successfully discharged. This indicates that 75% of the participants completed the intervention for calendar year 2008.

Additional data indicates intervention and participant success. Highlights include:

- ◆ *75% of those who participated in the CRCS program achieved all of their specific CRCS goals that they established at baseline*
- ◆ *98% of those who participated in the program indicated that they plan to change their behavior to maintain or improve their health.*
- ◆ *98% of all clients who participated in the program indicated that they plan to change their behavior to reduce the risk of transmitting HIV to others*

E.2: Subgrantee-funded agencies will ensure that 75% of group level intervention (GLI) program participants complete the intended number of program sessions.

Planned Parenthood MarMonte (PPMM) is funded to provide the GLI, Street Smart, to high-risk youth for calendar years 2008 and 2009. Forty-seven (47) out of 67 (70%) participants completed five (5) or more sessions of the ten (10) session program.

Analysis of data collected during the intervention indicates program success. The analysis was conducted by a graduate level student from the local university. Highlights are below:

Participants positively increased their attitudes with regard to identifying their risks, ability to use safe sex practices, and their ability to abstain from drugs and alcohol:

- *Participants reported significantly more positive attitudes regarding their HIV risk (e.g. more aware of their risk for HIV) ($p < .01$).*
- *Participants reported significantly more positive attitudes regarding their ability to practice safe sexual methods ($p < .01$).*
- *Participants reported significantly more positive attitudes regarding their ability to abstain from drugs and alcohol ($p < .01$).*

48% of participants who reported sexual activity increased protective behaviors to avoid HIV transmission. Increased protective factors by site:

- *57% (4 out of 7) at Briarwood South*
- *50% (1 out of 2) at Willow Springs*
- *33% (2 out of 6) at Children's Cabinet*
- *60% (6 out of 10) at Evening Reporting*
- *25% (1 out of 4) at O'Brien Middle School*

This was a significant improvement from the mid year report of 37% of participants reporting an increase in behaviors that are protective factors for HIV and STD transmission.

Additionally, an independent evaluator found a statistically significant increase in condom usage:

- *Participants were significantly more likely to have used condoms with their male partners during oral sex, anal, and vaginal sex from pre-to-post ($p < .01$).*

- *Participants were significantly more likely to have used condoms with their female partners during oral, anal, and vaginal sex from pre-to-post ($p < .01$).*
- *Participants reported that they carried condoms with them significantly more often in the post test than in the pre test ($p < .01$).*

WCHD and PPM staff have been collaborating with other Street Smart providers to estimate intervention baselines, including the benchmark for the number of sessions that need to be completed for effectiveness. In addition, subgrant objectives are going to be adjusted for CY2009 to better reflect program activities.

E.3: Subgrantee will provide programmatic support to the Northern Nevada Outreach Team, including coordination of meetings and special events, coordination of outreach activities, and provision of training materials and technical assistance.

This objective was met for January 1, 2008 through December 31, 2008, as NNOT meetings were held on a regular basis during this time. Partner agency recruitment/retention, special event planning, community outreach/education, and training of NNOT members have been the focus. Community outreach and educational services, non-traditional venue HIV testing, and social marketing efforts have been expanded throughout the community by NNOT.

F. Health Communications/Public Information (HC/PI)

HIV Program staff conducts health communication/public information (HC/PI) activities targeted to persons at increased risk of becoming infected with HIV. HC/PI is the delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services.

Objectives

F.1: Subgrantee will provide HIV/STD prevention messages to 5,000 Washoe County community members through social marketing campaigns.

This objective was met and exceeded for January 1, 2008 through December 31, 2008, with 5,409,270 duplicate impressions made through social marketing campaigns utilizing print, television, and internet media sources focusing on HIV/STD prevention and promoting community HIV testing opportunities. Each media source is described below:

- Thirteen (13) print ads were published in the Reno News and Review (RNR) and twelve (12) print ads were carried in RenoOut. RNR reports total weekly cumulative readership at 96,900. RenoOut reports total readership at 20,000. Therefore, the combined 25 print ads could have made 1,499,700 duplicate impressions during the reporting period.
- A nationally-recognized television PSA campaign targeted to the young adult population reached an additional 209,570 persons. These numbers represent a reach of 19.2% of all persons in Washoe County ages 13 – 17 with an average frequency of message of 1.8 times and 40% of all persons in Washoe County ages 18 – 34 with an average frequency of message of 2.2 times.

- Internet advertising provided an additional 3,700,000 duplicate impressions to the targeted audience of persons ages 15 – 24 in Washoe County.

F.2: Subgrantee will provide HIV/STD prevention messages to 1,000 Washoe County community members through presentations and exhibits.

This objective was met and exceeded for January 1, 2008 through December 31, 2008. In total, 9,375 Washoe County community members were reached through community presentations, exhibits, and special events.

F.3: Subgrantee will coordinate activities surrounding five HIV/STD-related special events in the Washoe County community.

This objective was met and exceeded for January 1, 2008 through December 31, 2008. In total, eight (8) HIV/STD-related special events were coordinated and conducted in the local Washoe County community. Activities included UNR Safe Spring Break Week, National Condom Awareness Week, National STD Awareness Month, Cinco de Mayo, 2008 AIDS Candlelight Memorial, National HIV Testing Day, Gay Pride, and World AIDS Day.

F.4: Subgrantee will coordinate six HIV/STD-related professional development opportunities for Washoe County community members.

This objective was met and exceeded for January 1, 2008 through December 31, 2008. Please refer to Table 17 for a listing of professional development and technical assistance opportunities that were made available.

G. Comprehensive Risk Counseling and Services (CRCS)

HIV Comprehensive Risk Counseling and Services (CRCS) is a client-centered prevention activity, which assists HIV seropositive and seronegative persons in adopting risk-reduction behaviors. CRCS is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and acquisition. The WCHD will provide components of CRCS as an intensive one-on-one prevention counseling and support. In addition, these activities will provide assistance in accessing needed medical, psychological, and social services that affect clients' health and ability to change HIV-related risk-taking behavior. The WCHD will provide CRCS when an individual is diagnosed with HIV and a Disease Intervention Specialist will meet with the newly infected individual at the time the individual is notified of his/her positive status and then as needed. A formal, ongoing CRCS program is not implemented at this time.

Objectives

G.1: Subgrantee will ensure that 95% of confirmed HIV-positive clients complete one CRCS program session.

This objective was met for January 1, 2008 through December 31, 2008, as 100% of newly identified, HIV-positive individuals received at least one CRCS session.

H. Fiscal Agent

The WCHD will act as the fiscal agent/grantor of CDC HIV prevention funds and disburse funds to community-based organizations in Northern Nevada through a Request for Applications (RFA) process.

Objectives

H.1: Subgrantee will conduct all duties related to the fiscal agent role, including programmatic and fiscal monitoring, and technical assistance and training.

This objective was met for January 1, 2008 through December 31, 2008, as staff collaborated with the WCHD Administrative Health Services to coordinate and implement all duties related to the role of fiscal agent for CDC HIV Prevention Services funds. During 2008, the following activities were conducted through this inter-divisional collaboration:

- Requests for Reimbursement were processed;
- Budget monitoring was conducted;
- Education to the community on the role of the funding and services provided by the fiscal agent and funded agencies;
- Progress reports were received from the funded agencies and written responses were provided, or are in progress;
- Staff transition occurred (including orientation, training, and planning);
- Ongoing programmatic and fiscal technical assistance was provided to funded agencies (i.e. skill training, evaluation, intervention fidelity, PEMS, participant recruitment and retention);
- Site-visits were conducted at currently funded agencies with written reports were provided, or are in progress; and
- Staff continues to develop a written fiscal agent policy and procedure.

H.2: By December 31, 2007, subgrantee will coordinate one competitive Request for Applications (RFA) process for HIV Prevention Services funds, including application solicitation, technical and objective reviews, and subcontract negotiations.

This objective was met in calendar year 2007, when staff coordinated all activities related to the RFA for 2008-2009 funding of HIV Prevention Services. Execution of the subgrants occurred in January 2008.

I. Reporting

Objectives

I.1: Subgrantee will submit biannual Progress Reports to the NVHD that will include HIV surveillance data and technical assistance tracking; reports will be submitted 30 days following each six-month reporting period.

This objective has been met for calendar year 2008 activities.

TECHNICAL ASSISTANCE & TRAINING

Table 19 – Technical Assistance and Training Opportunities

January 1 – December 31, 2008			
<i>T/A and Training Offered</i>	<i>Provided By</i>	<i>Invitees</i>	<i>Attendees</i>
4th Wednesdays of each month, Ongoing, NNOT Meetings	Gerold Dermid	NNOT Members	NNOT Members
4 th Wednesdays of every other month, Ongoing, NNPC Meetings and committees	Gerold Dermid and NNPC Co-Chairs	NNPC Members	NNPC Members
Statewide Community Planning, Ongoing			Jennifer Howell, NNPC members, Southern Nevada CPG members, NVHD staff
Ongoing: Weekly April – May 2008, 2008 AIDS Candlelight Memorial Planning Meetings	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
Ongoing UNSOM Residency Orientation	Jennifer Howell Cory Sobrio Kathy Hong Gloria Laxamana	UNSOM Residents	UNSOM Residents
Ongoing: National Council of STD Directors' Program Operations Workgroup	National Council of STD Directors'	Steve Kutz	Steve Kutz
Ongoing: Nevada Hepatitis Advisory Committee	NVHD	Jennifer Howell Denise Stokich	Jennifer Howell Denise Stokich
Great Basin Public Health Leadership Institute	Great Basin Public Health Leadership	Jennifer Howell	Jennifer Howell
Ongoing: NACCHO HIV/STI Prevention Sentinel Network	National Association of County and City Health Officials	Jennifer Howell	Jennifer Howell
January 29-30, 2008 Region IX IPP Conference	Region IX IPP	Stacy Hardie	Stacy Hardie
February, April, June 2008 Kids Kottage Staff Training	Bill Mullen Frontline	Kids Kottage staff	Kids Kottage staff
January 10, 2008 CTS Training	Gerold Dermid	Jan Evans Staff	Jan Evans Staff
January 11, 2008 Evaluation TA	Jennifer Howell	Danielle Rees (PPMM)	Danielle Rees (PPMM)
January 12 -- 13, 2008 NNOT CTR, OraSure, and Outreach Skills Training	Gerold Dermid	NNOT Members	NNOT Members
January 14, 2008 NNOT Strategic Planning	Gerold Dermid, Jennifer Stoll-Hadaya	NNOT Members	NNOT Members
January 22, 2008 Evaluation TA	Jennifer Howell	Danielle Rees (PPMM)	Danielle Rees (PPMM)
February 2008 STD Intensive	Seattle STD/HIV Prevention Training Center	Linda Gabor, WCHD	Linda Gabor, WCHD
March 2008 National STD Conference	CDC, Partner Agencies		Steve Kutz

January 1 – December 31, 2008			
T/A and Training Offered	Provided By	Invitees	Attendees
March 20, 2008 STD/Infectious Disease Inservice	Dr. Zell	WCHD	WCHD
April 16, 2008 Rapid HIV Testing & Diagnosing Acute HIV Infection satellite broadcast	Jennifer Howell	WCHD NNPC Community Providers	WCHD NNPC Community Providers
April 22, 2008 Human Sexuality - UNR	Jennifer Howell	Class participants	Class participants
April 24, 2008 Serving LGBT Clients Audioconference	Jennifer Howell Center for Health Training	WCHD NNPC	WCHD NNPC
April 29, 2008 American Red Cross HIV/AIDS Basic Skills Training	ARC National Staff	WCHD staff, NNOT Members and Community Members	WCHD staff, NNOT Members and Community Members
April 29 – May 2, 2008 American Red Cross HIV/AIDS Instructor Course	ARC National Staff	WCHD staff, NNOT Members and Community Members	WCHD staff, NNOT Members and Community Members
May 3 – 4, 2008 TA to NNOT Cinco de Mayo Outreach and Testing Event	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
May 6, 2008 UNR HIV Provider Panel	Gerold Dermid, NNOT Members	UNR Students, Community Members	UNR Students, Community Members
May 13-15, 2008 Nevada HIV Prevention Institute	Nevada State Health Division, CDC, CBA providers	Gerold Dermid, Jennifer Howell, Select NNOT, funded agencies, NNPC and community members	Gerold Dermid, Jennifer Howell, Select NNOT, funded agencies, NNPC and community members
May 21, 2008 Multicultural Health Coalition	Jennifer Howell	WCHD Multicultural Health Coalition members	WCHD Multicultural Health Coalition members
May 28, 2008 UNR HIV Class Surveillance Presentation	Cory Sobrio	UNR Students	UNR Students
May 29, 2008 Public Health Grand Rounds, Local Health Department Accreditation	Jennifer Howell Robin Albrandt	WCHD NNPC Community public health practitioners	WCHD Community public health practitioners
June 3, 2008 PEMS Variable HIV Data Collection Training	Gerold Dermid	Jan Evans Staff	Jan Evans Staff
June 4, 2008 PEMS Variable HIV Data Collection Training	Gerold Dermid	Family Planning and Teen Health Mall Staff	Family Planning and Teen Health Mall Staff
June 5, 2008 PEMS Variable HIV Data Collection Training	Gerold Dermid	TB Clinic Staff	TB Clinic Staff
July 6, 2008 TA to NNOT Carl's Lockdown Outreach and Testing	Gerold Dermid	NNOT Members	NNOT Members
July 20, 2008 Street Smart Webinar	Jennifer Howell	NNPC Members	NNPC Members
July 30, 2008 NNOT Street Outreach Training	Gerold Dermid	NNOT Members	NNOT Members
July 31, 2008	Gerold Dermid	NNOT Members and	NNOT Members and

January 1 – December 31, 2008			
T/A and Training Offered	Provided By	Invitees	Attendees
TA to NNOT Street Outreach at Tent City		Volunteers	Volunteers
August 15, 2008 TA to NNOT Outreach Gay Pride Bar Blitz	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
August 20, 2008 Minor STDs Webcast	STD/HIV Training Center	WCHD Staff WCSD Staff NNPC Members Community Members	WCHD Staff WCSD Staff NNPC Members Community Members
August 21, 2008 Internet Interventions for Adolescents Webcast	STD/HIV Training Center	WCHD Staff WCSD Staff NNPC Members Community Members	WCHD Staff WCSD Staff NNPC Members Community Members
August 23, 2008 Prostitution and Sexual Health Stakeholders Meeting	Jennifer Howell	Street Enforcement Team	Street Enforcement Team
August 28, 2008 NNOT Street Outreach Training	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
September 17 – 20, 2008 United States Conference on AIDS	NMAC	Gerold Dermid	Gerold Dermid
October 1 – 2, 2008 Internet Partner Services Training	CA STD/HIV Prevention Training Center	Gerold Dermid	Gerold Dermid
October 17, 2008 Intelligent Fire Interfaith Leadership Luncheon	Intelligent Fire Planning Committee	WCHD Staff	Jennifer Howell Kelli Seals
October 27 – 28, 2008 New Foundations: HIV Prevention with Gay/Bi and other MSM	CA STD/HIV Prevention Training Center	Gerold Dermid	Gerold Dermid
November 5, 2008 Syphilis Audio Broadcast	Jeffrey Klausner King Pharmaceuticals	WCHD Staff WCSD Staff NNPC Members Community Members	WCHD Staff WCSD Staff NNPC Members Community Members
November 13-14, 2008 Region IX IPP Conference	Region IX IPP	Steve Kutz	Steve Kutz
November 20, 2008 UNR Internet: Sexual Health Risk Taking and Community Interventions Class Presentation	Gerold Dermid	UNR Students	UNR Students
December 1, 2008 Northern Nevada HOPES HIV Women's Symposium	Northern Nevada HOPES	Sexual Health Program Staff	Gerold Dermid Jennifer Howell
December 2, 2008 Take the Lead: UNR World AIDS Day Testing, Event, and Lecture	Larry Bryant of Campaign 2 End AIDS, Jennifer Howell, Gerold Dermid, Michelle Washington	UNR Students and Community Members	UNR Students and Community Members
December 3, 2008 Washoe High Main Campus World AIDS Day Presentation	Larry Bryant of Campaign 2 End AIDS, Jennifer Howell, Gerold Dermid, Alicia-Ann Caesar	Washoe High students	Washoe High Students
December 3, 2008 Washoe High East Campus	Larry Bryant of Campaign 2 End AIDS, Jennifer	Washoe High students	Washoe High students

January 1 – December 31, 2008

<i>T/A and Training Offered</i>	<i>Provided By</i>	<i>Invitees</i>	<i>Attendees</i>
World AIDS Day Presentation	Howell, Gerold Dermid, Alicia-Ann Caesar		
December 3, 2008 Hug High Campus World AIDS Day Presentation	Larry Bryant of Campaign 2 End AIDS, Jennifer Howell, Gerold Dermid, Alicia-Ann Caesar	Hug High students	Hug High students
December 4, 2008 TA to NNOT Reach Out Event: Community Resource Center Testing, Outreach, and Education	Gerold Dermid, NNOT Members and Volunteers	Community Members	Community Members