

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

**Mid-Year 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.

Table 1 – HIV Infections (Not AIDS) Reported, January 1, 2008– June 30, 2008

Gender	Reported HIV Cases (not yet AIDS)	New Cases in 2008 (HIV not yet AIDS)				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	4		4	67%	85%
	Female	2		2	33%	15%
	Total Adults	6	0	6	100%	100%
Race/Ethnicity	White	5		5	83%	75%
	Black	1		1	17%	12%
	Hispanic	0		0	0%	10%
	Asian	0		0	0%	0%
	American Indian/Alaskan Native	0		0	0%	1%
	Other/Not Identified	0		0	0%	1%
	Total	6	0	6	100%	100%
Exposure Categories	Men who have sex with men	4		4	67%	53%
	Injecting drug use	0		0	0%	11%
	Men who have sex with men/IDU	0		0	0%	9%
	Hemophilia/coagulation disorder	0		0	0%	0%
	Heterosexual contact	2		2	33%	8%
	Receipt of blood transfusion/products	0		0	0%	0%
	Other/Not Identified	0		0	0%	18%
	Adult/Adolescent Totals	6	0	6	100%	100%
	<i>Ped. cases (parent with/at risk for HIV infection)</i>	<i>0</i>		<i>0</i>	<i>0%</i>	<i>0%</i>
	Total	6	0	6	100%	100%
Ages	Ages 0-18	0		0	0%	1%
	Ages 19-24	3		3	50%	15%
	Ages 25-39	2		2	33%	59%
	Ages 40 and over	1		1	17%	25%
	Total	6	0	6	100%	100%

Nine (9) HIV infections are not accounted for in this graph, as they progressed to an AIDS diagnosis within six months.
Source: HARS Database

Table 2 – AIDS Cases Reported, January 1, 2008 – June 30, 2008

Gender	Reported AIDS Cases	New Cases in 2008				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	14		14	93%	92%
	Female	1		1	7%	8%
	Total Adults	15	0	15	100%	100%
Race/Ethnicity	White	8		8	53%	76%
	Black	5		5	33%	9%
	Hispanic	1		1	7%	13%
	Asian/Pacific Islander	0		0	0%	1%
	American Indian/Alaskan Native	1		1	7%	1%
	Other/Not Identified	0		0	0%	0%
	Total	15	0	15	100%	100%
Exposure Categories	Men who have sex with men	8		8	53%	65%
	Injecting drug use	1		1	7%	9%
	Men who have sex with men/IDU	2		2	13%	7%
	Hemophilia/coagulation disorder	0		0	0%	0%
	Heterosexual contact	2		2	13%	6%
	Receipt of blood transfusion/products	1		1	7%	2%
	Other/Not Identified	1		1	7%	11%
	Adult/Adolescent Totals	15	0	15	100%	100%
	<i>Ped. cases (parent with/at risk for HIV infection)</i>	<i>0</i>		<i>0</i>	<i>0%</i>	<i>0%</i>
	Total	15	0	15	100%	100%
Ages	Ages 0-18	0		0	0%	1%
	Ages 19-24	1		1	7%	4%
	Ages 25-39	4		4	27%	51%
	Ages 40 and over	10		10	67%	45%
	Total	15	0	15	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.

Source: HARS Database

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 – June 30, 2008

Original Reporting Jurisdiction	January-June	July-December	Total 2008
California	5		5
Colorado	1		1
Florida	1		1
Georgia	1		1
New York	2		2
Ohio	2		2
Tennessee	1		1
Texas	1		1
Wisconsin	1		1
Total	15	0	15

Source: HARS Database

Reported HIV Infection Sources

The WCDHD reports all HIV seropositive and viral load test results with patient name and demographics to the State's HARS management staff. County and State HARS personnel work closely to insure proper and confidential record keeping. Table 4 represents the number of reported HIV infection sources in HARS for the period(s) listed.

Table 4 – HIV Infection Reporting Sources, January 1, 2008 – June 30, 2008

<i>HIV Reporting Source</i>	<i>January-June</i>	<i>July-December</i>	<i>Total 2008</i>
Community Organizations	7	0	7
Community Health Clinics	0	0	0
Social Services Agencies	0	0	0
Hospitals	3	0	3
Detention Facilities, not WCDHD testing	1	0	1
WCDHD - Onsite	1	0	1
WCDHD - Offsite	0	0	0
Blood/Blood Products Organizations	0	0	0
Private Medical Doctors	3	0	3
Insurance Companies	0	0	0
Total	15	0	15

Source: HARS Database, Client Charts

STD

STD staff process cases as lab and provider reports are received at the WCDHD. Tables 5-8 represent the number of infections reported and entered into STD*MIS after investigations are completed.

Table 5 – Chlamydia Infections Reported, January 1, 2008 – June 30, 2008

Gender	Reported Chlamydia Cases	New Cases in 2008			
		January-June	July-December	Total	%
Male		232		232	35%
Female		433		433	65%
Total		665	0	665	100%
Race/Ethnicity	White	306		306	46%
	Black	101		101	15%
	Hispanic	201		201	30%
	Asian	24		24	4%
	American Indian/Alaskan Native	18		18	3%
	Other/Not Identified	15		15	2%
Total		665	0	665	100%
Ages	Ages 0-19	267		267	40%
	Ages 20-24	250		250	38%
	Ages 25-39	132		132	20%
	Ages 40 and over	16		16	2%
	Total		665	0	665

Source: STD*MIS Database

Table 6 – Gonorrhea Infections Reported, January 1, 2008 – June 30, 2008

Gender	Reported Gonorrhea Cases	New Cases in 2008			
		January-June	July-December	Total	%
Male		55		55	46%
Female		64		64	54%
Total		119	0	119	100%
Race/Ethnicity	White	51		51	43%
	Black	32		32	27%
	Hispanic	29		29	24%
	Asian	3		3	3%
	American Indian/Alaskan Native	2		2	2%
	Other/Not Identified	2		2	2%
Total		119	0	119	100%
Ages	Ages 0-19	42		42	35%
	Ages 20-24	39		39	33%
	Ages 25-39	28		28	24%
	Ages 40 and over	10		10	8%
	Total		119	0	119

Source: STD*MIS Database

All syphilis cases reported to WCDHD during the reporting period were classified as “unknown duration.” This designation means that symptoms were not reported and the cases may be in a latent stage of syphilis. No primary or secondary (infectious) syphilis cases were reported.

Table 7 – Syphilis Infections (of Unknown Duration) Reported, January 1, 2008 – June 30, 2008

Gender	Reported Syphilis Cases	New Cases in 2008			
		January-June	July-December	Total	%
Male		8		8	80%
Female		2		2	20%
Total		10	0	10	100%
Race/Ethnicity	White	5		5	50%
	Black	2		2	20%
	Hispanic	1		1	10%
	Asian	1		1	10%
	American Indian/Alaskan Native	0		0	0%
	Other/Not Identified	1		1	10%
	Total	10	0	10	100%
Ages	Ages 0-19	0		0	0%
	Ages 20-24	3		3	30%
	Ages 25-39	1		1	10%
	Ages 40 and over	6		6	60%
	Total	10	0	10	100%

Source: STD*MIS Database

Table 8 – Male Syphilis Cases of Unknown Duration, January 1, 2008 – June 30, 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
8	Unknown due to STD*MIS database error	4	4	0	4	0	0

Source: STD*MIS Database

Table 9 – Females Syphilis Cases of Unknown Duration, January 1, 2008 – June 30, 2008

<i>Female Syphilis Cases</i>				
		<i>Information about Index Case</i>		
<i># of Cases</i>	<i>Cases with Partner Information</i>	<i>Total # of HIV +</i>	<i>Total # of HIV -</i>	<i>Total # of HIV Status Unknown</i>
2	Unknown due to STD*MIS database error	0	0	2

Source: STD*MIS Database

Disease Intervention Specialist Contact Tracing

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 – June 30, 2008

Contacts Identified in 2008	January - June	July - December	Total	Cumulative %
Negative Result Male	20		20	56%
Positive Result Male	5		5	14%
Refused Testing Male	2		2	6%
Not yet tested/investigation ongoing Male	0		0	0%
Male Contacts who are already HIV Positive	0		0	0%
Total Male	27	0	27	75%
Negative Result Female	7		7	19%
Positive Result Female	2		2	6%
Refused Testing Female	0		0	0%
Not yet tested/investigation ongoing Female	0		0	0%
Female Contacts who are already HIV Positive	0		0	0%
Total Female	9	0	9	25%
Total Contacts	36	0	36	100%
<i>Total Contacts with Positive Test Results</i>	<i>7</i>		<i>7</i>	<i>19%</i>

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 – June 30, 2008

Disposition	January – June	July - December	2008 Total	Percent
<i>Total Cases</i>	665			
<i>Total Partners*</i>	*			
<i>Total Partners Initiated</i>	723			
New Partners Examined				
Preventive Epi Treatment	141		141	45.8%
Refused Preventive Treatment	0		0	0.0%
Infected - Treated	155		155	50.3%
Infected - Not Treated	1		1	0.3%
Not Infected	11		11	3.6%
<i>Total</i>	308	0	308	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	96		96	37.8%
Unable to Locate	8		8	3.1%
Located – Refused Examination	34		34	13.4%
Out of Jurisdiction	21		21	8.3%
Other	95	0	95	37.4%
<i>Total</i>	254	0	254	100.0%
Previous Treatment for this Infection (not counted as new partner)	161	0	161	
*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 – June 30, 2008

Disposition	January – June	July - December	2008 Total	Percent
<i>Total Cases</i>	119		119	
<i>Total Partners*</i>	*			
<i>Total Partners Initiated</i>	130		130	
New Partners Examined				
Preventive Epi Treatment	29		29	58.0%
Refused Preventive Treatment	0		0	0.0%
Infected - Treated	16		16	32.0%
Infected - Not Treated	0		0	0.0%
Not Infected	5		5	10.0%
<i>Total</i>	50	0	50	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	36		36	58.1%
Unable to Locate	6		6	9.7%
Located – Refused Examination	5		5	8.1%
Out of Jurisdiction	1		1	1.6%
Other	14		14	22.6%
<i>Total</i>	62	0	62	100.0%
Previous Treatment for this Infection (not counted as new partner)	18		18	
*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 of Unknown Duration Contact Tracing, January 1, 2008 – June 30, 2008

Disposition	January – June	July - December	2008 Total	Percent
<i>Total Cases</i>	10			
<i>Total Partners*</i>	*			
<i>Total Partners Initiated</i>	2			
New Partners Examined				
Preventive Epi Treatment	0		0	0
Refused Preventive Treatment	0		0	0
Infected - Treated	0		0	0
Infected - Not Treated	0		0	0
Not Infected	0		0	0
<i>Total</i>	0	0	0	0
New Partners – No Exam				
Insufficient Information to Begin Investigation	0		0	0.0%
Unable to Locate	0		0	0.0%
Located – Refused Examination	0		0	0.0%
Out of Jurisdiction	1		1	100.0%
Other	0		0	0.0%
<i>Total</i>	1	0	1	100.0%
Previous Treatment for this Infection (not counted as new partner)	1		1	0
*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 District Health Department (WCDHD) 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 WCDHD continues to conduct HIV testing and outreach both on-site and off-site.

WCDHD is transitioning from the long-established Counseling and Testing System (CTS) to the use of electronic data collection for data related to HIV counseling, testing, and referral. This includes the use of CDC's Program Evaluation and Monitoring System (PEMS). At this stage in the transition, the data is being validated before it is released for reporting purposes to ensure high data quality. Therefore, data related to CTS was available from January through May 2008, for inclusion in this report. Annual data for calendar year 2008 will be made available in the 2008 Sexual Health Program Annual Report, due in January 2009.

From January 1 through May 31, 2008, 965 HIV antibody tests were reported to the WCDHD counseling and testing system. There was one (1) positive result from testing in the reporting venues, which yields <1% positivity rate. The following represents activities from testing sites reported in the counseling and testing system for the first five months of calendar year 2008.

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

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>	
Community Organizations	0	0			0
Detention Facilities, not WCDHD	11	0			11
WCDHD - Onsite	511	1			512
WCDHD - Offsite	441	0			441
					0
Total Negative Test Results		963		0	963
Total Positive Test Results		1		0	1
Total Tests Provided		964		0	964

*CTR data for June 2008 was not available at the time of this report.

Source: CTS Database

STD

WCDHD 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 – June 30, 2008

	January- June	July - December	Totals
<i>Chlamydia</i>	2844		2844
<i>Gonorrhea</i>	2844		2844
<i>Syphilis</i>	1076		1076
Total Tests Provided	6764		6764

Source: Nevada State Public Health Laboratory Data

Table 16 – Chlamydia Tests Provided by Select Venues, January 1, 2008 – June 30, 2008

<i>Chlamydia</i>						
Provider Type	# of Chlamydia Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males	Aptima Combo, Genprobe	Region IX IPP Guidelines
FP	684	3	23	0		
STD	274	566	47	115		
Jail	105	155	8	11		
Teen Health Mall	629	3	54	0		
Juvenile Detention	76	255	10	8		
Totals	1768	982	142	134		

Source: STD*MIS Database

Table 17 – Gonorrhea Tests Provided by Select Venues, January 1, 2008 – June 30, 2008

<i>Gonorrhea</i>						
Provider Type	# of Gonorrhea Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males	Aptima Combo, Genprobe	Region IX IPP Guidelines
FP	686	3	0	3		
STD	274	566	16	22		
Jail	105	155	4	2		
Teen Health Mall	629	3	9	0		
Juvenile Detention	76	255	2	2		
Totals	1770	982	31	29		

Source: STD*MIS Database

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 18 – Infertility Prevention Project Performance Measures

IPP Performance Measure	Result(s)
Tests provided: Chlamydia Gonorrhea	2844 2844
Family Planning Clinic & Teen Health Mall: Women w/ positive Chlamydia treated within 14 days of specimen collection	96% (74 cases treated out of 77 positive Chlamydia results)
Family Planning Clinic & Teen Health Mall: Women w/ positive Chlamydia treated within 30 days of specimen collection	97% (75 cases treated out of 77 positive Chlamydia results)
Family Planning Clinic & Teen Health Mall: Women w/ positive gonorrhea treated within 14 days of specimen collection	78% (7 treated out of 9 positive gonorrhea results)
Tests provided to high-risk women (≤ 25) and adolescents	

(15-19) Chlamydia Gonorrhea	High-risk women (≤ 25) CT - 1450 GC - 1452 Adolescents (15-19) CT - 1095 GC - 1095
Tests provided to high-risk female in juvenile detention Chlamydia Gonorrhea	76 76

Chart Audit 2007 Chlamydia Treatment, Screening, and Follow-Up 20 charts reviewed <ul style="list-style-type: none"> • 13 negative chlamydia results • 6 positive chlamydia results • 1 declined chlamydia testing 	<ul style="list-style-type: none"> • 7 performance measures reviewed • 7 performance measures compliant • 6 out of 7 measures compliant at 100%
Chart Audit Chlamydia Positive Client Review for Treatment and Follow-Up 20 charts reviewed	<ul style="list-style-type: none"> • 6 performance measures reviewed • 6 performance measures compliant • 5 out of 6 performance measures compliant at 100%

Source: STIS, STD*MIS, Clinic Charts

HIV PROGRAM GOALS AND OBJECTIVES

The Washoe County District Health Department (WCDHD) 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 WCDHD 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 – May 31, 2008, as 965 HIV tests were provided to the community by WCDHD clinics or funded agencies. This objective is on track to be met, as 64% of the tests (965/1500) have been provided over a five-month period.

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 May 31, 2008, as the percentage of newly identified, confirmed HIV-positive test results among all tests provided by WCDHD 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 May 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 61% of individuals who tested for HIV returned to the WCDHD for results and post-test counseling. Data from CTS (January through May 2008) indicate that offsite testing events have a lower result return rate, which is expected. A preliminary review of the data indicates that the result rate is increasing. For the first quarter of 2008, 57% of the

results were provided to STD clinic clients. During April and May of 2008, 67% of the results were provided to STD clinic clients, indicating an increase. National data for post-test counseling and result provision establishes a higher baseline, “at publicly funded sites, approximately 70% of persons tested received their results and information regarding the test...in private settings, a lower proportion of all clients are tested, and few receive prevention counseling and referrals” (Retrieved from <http://www.cdc.gov/hiv/topics/testing/print/challenges.htm> on July 22, 2008). The Sexual Health Program will continue to address this objective in order to meet and exceed the national benchmark.

The Sexual Health Data workgroup and Sexual Health Program staff at WCDHD continue to assess the rationale for the decreased 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, as well as additional analysis of data. This will be used to further leverage resources and meet the needs of our clients.

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 June 30, 2008, there were three (3) newly diagnosed HIV infections 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 June 30, 2008, as 34 of the 36 contacts (94%) of the HIV contacts with unknown or negative serostatus were provided counseling and testing services. Two contacts refused HIV testing when offered. Staff recommended testing to the two contacts 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 June 30, 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 June 30, 2008, none (0%) of the 36 identified contacts had previous, confirmed HIV positive test results. Seven (7) of the 36 contacts (19%) HIV contacts were newly diagnosed with HIV.

C. Community Planning

The WCDHD 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 June 30, 2008, as 100% of WCDHD-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 June 30, 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 June 30, 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 WCDHD 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 June 30, 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 agency data to be entered during the second half of 2008.

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 June 30, 2008, as 100% of WCDHD-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. Seventy (70) individuals have been recruited into the program; 54 of which are high-risk HIV negative and 16 are high-risk HIV positive individuals. Currently, there are 54 active participants.

For calendar year 2008, NAF staff estimate that 1,440 client sessions will be held, with each client being offered 21 sessions. From January through June 2008, NAF conducted 454 client sessions for the year, leaving 806 client sessions to be held. In the reporting period, NAF provided 31.5% of the client sessions targeted for the year. Conducting 30 sessions per week (seeing current clients every-other week for the rest of the year) places NAF on track to reach grant objectives and provide high-quality support for participants.

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. From January – June 2008, 25 juvenile sex offenders and youth receiving treatment for substance abuse participated in Street Smart. In addition, 17 youth reporting sexual activity and/or substance use participated in Street Smart. At one implementation site, 71% (5/7 participants) completed the entire 10-session intervention. An additional two participants completed (29%) seven (7) or more sessions. At this site, 100% of group participants completed seven (7) or more sessions of the 10-session intervention.

The second implementation site was more challenging for retention of participants. Eight (8) of 11 (72%) participants completed at least six (6) sessions of the 10-session intervention. Three (3) of the 11 (27%) participants completed 10 sessions. This group was more transient and in a less structured environment than the first group.

WCDHD and PPMM staff are collaborating with other Street Smart providers to estimate intervention baselines, including what appropriate benchmark for the number of sessions that need to be completed for effectiveness.

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 June 30, 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 June 30, 2008. Nine (9) print ads were published in the Reno News and Review (RNR) and six (6) print ads were carried in RenoOut focusing on HIV/STD prevention and HIV testing opportunities. RNR reports total weekly cumulative readership at 96,900. RenoOut reports total readership at 20,000. Therefore, the combined 15 print ads could have made 992,100 duplicate impressions during the reporting period.

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 June 30, 2008. In total, 4,235 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 June 30, 2008. In total, six (6) HIV/STD-related special events were coordinated and conducted in the local Washoe County community. Activities included events surrounding UNR Safe Spring Break Week, National Condom Awareness Week, National STD Awareness Month, Cinco de Mayo, 2008 AIDS Candlelight Memorial, and National HIV Testing 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 June 30, 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 WCDHD 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 WCDHD 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 June 30, 2008, as 100% of newly identified, HIV-positive individuals received at least one CRCS session.

H. Fiscal Agent

The WCDHD 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 June 30, 2008, as staff collaborated with the WCDHD 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;
- First quarter and mid-year progress reports were received from the funded agencies and written responses were provided, or are in process;
- Staff transition occurred (including orientation, training, and planning);
- Ongoing programmatic and fiscal technical assistance was provided to funded agencies, as requested;
- Site-visits conducted at currently funded agencies with written reports provided; and
- Continued development of 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 is on track to be met for calendar year 2008 activities.

TECHNICAL ASSISTANCE & TRAINING

Table 18 – Technical Assistance and Training Opportunities

January 1 – June 30, 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
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-Hadayia	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, WCDHD	Linda Gabor, WCDHD
March 2008 National STD Conference	CDC, Partner Agencies		Steve Kutz
March 20, 2008	Dr. Zell	WCDHD	WCDHD

January 1 – June 30, 2008			
<i>T/A and Training Offered</i>	<i>Provided By</i>	<i>Invitees</i>	<i>Attendees</i>
STD/Infectious Disease Inservice			
April 16, 2008 Rapid HIV Testing & Diagnosing Acute HIV Infection satellite broadcast	Jennifer Howell	WCDHD NNPC Community Providers	WCDHD 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	WCDHD NNPC	WCDHD NNPC
April 29, 2008 American Red Cross HIV/AIDS Basic Skills Training	ARC National Staff	WCDHD staff, NNOT Members and Community Members	WCDHD staff, NNOT Members and Community Members
April 29 – May 2, 2008 American Red Cross HIV/AIDS Instructor Course	ARC National Staff	WCDHD staff, NNOT Members and Community Members	WCDHD 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	WCDHD Multicultural Health Coalition members	WCDHD 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	WCDHD NNPC Community public health practitioners	WCDHD 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
June 27, 2008 TA to NNOT Outreach Bar Blitz	Gerold Dermid	NNOT Members	NNOT Members