

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

**2009 Mid-Year
Sexual Health Report**



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The programs and activities reported on are supported by funding from: the Nevada State Health Division through Grant Numbers U62/PS00138, H25/CCH904368-16, U62/CCU923483-04-1 from the Centers for Disease Control and Prevention; FPHPA090003-39-00 from the Department of Health and Human Services Public Health Service and Washoe County General Fund.

The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Department of Health and Human Services Public Health Service or the Nevada State Health Division.

SEXUAL HEALTH PROGRAM

Mandates:

NRS: 201.205, 201.354, 201.356, 201.366, 201.358, 209.385, 389.065, 441A.120, 441A.125, 441A.130, 441A.150, 441A.160, 441A.170, 441A.180, 441A.220, 441A.230, 441A.240, 441A.250, 441A.260, 441A.270, 441A.280, 441A.290, 441A.300, 441A.310, 441A.320, 441A.330

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. Four HIV cases in the period January 2009 - June 2009 are not reported in this table, as they were already an AIDS case or progressed to AIDS during the 6 month period.

Table 1 – HIV Infections (Not AIDS) Reported, January 1, 2009– June 30, 2009

Gender	Reported HIV Cases (not yet AIDS)	New Cases in 2009 (HIV not yet AIDS)				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	8		8	80%	85%
	Female	2		2	20%	15%
	Total Adults	10	0	10	100%	100%
Race/ Ethnicity	White	10		10	100%	75%
	Black	0		0	0%	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	10	0	10	100%	100%
Exposure Categories	Men who have sex with men	8		8	80%	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	0		0	0%	8%
	*Heterosexual contact with known HIV+ partner	2		2	20%	0%
	Receipt of blood transfusion/products	0		0	0%	0%
	Other/Not Identified	0		0	0%	18%
	Adult/Adolescent Totals	10	0	10	100%	100%
	Ped. cases (parent with/at risk for HIV infection)	0	0	0	0%	0%
	Total	10	0	10	100%	100%
Ages	Ages 0-18	0		0	0%	1%
	Ages 19-24	3		3	30%	15%
	Ages 25-39	6		6	60%	59%
	Ages 40 and over	1		1	10%	25%
	Total	10	0	10	100%	100%

Source: eHARS Database

Table 2 – AIDS Cases Reported, January 1, 2009 – June 30, 2009

Four of the reported AIDS cases, between January 2009 - June 2009, were also a new HIV diagnosis during the same period.

Gender	Reported AIDS Cases	New Cases in 2009				Cumulative Cases
		January-June	July-December	Total	%	%
Gender	Male	11		11	92%	92%
	Female	1		1	8%	8%
	Total	12	0	12	100%	100%
Race/Ethnicity	White	10		10	83%	76%
	Black	1		1	8%	9%
	Hispanic	0		0	0%	13%
	Asian/Pacific Islander	1		1	8%	1%
	American Indian/Alaskan Native	0		0	0%	1%
	Other/Not Identified	0		0	0%	0%
	Total	12	0	12	100%	100%
Exposure Categories	Men who have sex with men	10		10	83%	65%
	Injecting drug use	0		0	0%	9%
	Men who have sex with men/IDU	0		0	0%	7%
	Hemophilia/coagulation disorder	0		0	0%	0%
	Heterosexual contact	1		1	8%	6%
	*Heterosexual contact with known HIV+ partner	0		2	17%	0%
	Receipt of blood transfusion/products	0		0	0%	2%
	Other/Not Identified Perinatal tx	0		0	0%	11%
	Adult/Adolescent Totals	11	0	13	108%	100%
	Ped. cases (parent with/at risk for HIV infection)	1	0	1	8%	0%
	Total	12	0	14	117%	100%
Ages	Ages 0-18	1		1	8%	1%
	Ages 19-24	0		0	0%	4%
	Ages 25-39	3		3	25%	51%
	Ages 40 and over	8		8	67%	45%
	Total	12	0	12	100%	100%

Source: eHARS 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, 2009 – June 30, 2009

Original Reporting Jurisdiction	January-June	July-December	Total 2009
Arizona	1		1
California	4		4
Colorado	1		1
Florida	1		1
Ohio	1		1
Tennessee	1		1
Texas	1		1
Total	10	0	10

Source: eHARS 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, Not Yet AIDS, Infection Reporting Sources, January 1, 2009 – June 30, 2009

HIV, not Yet AIDS, Reporting Sources	January-June	July-December	Total 2009
Community Organizations	6	0	6
Community Health Clinics	0	0	0
Social Services Agencies	0	0	0
Hospitals	3	0	3
Detention Facilities, not WCDHD testing	0	0	0
WCDHD - Onsite	3	0	3
WCDHD - Offsite	0	0	0
Blood/Blood Products Organizations	0	0	0
Private Medical Doctors	1	0	1
Insurance Companies	1	0	1
Total	14	0	14

Source: eHARS Database, Client Charts

Table 5 – AIDS Diagnosis Reporting Sources, January 1, 2009 – June 30, 2009

AIDS Reporting Sources	January-June	July-December	Total 2009
Community Organizations	5	0	5
Community Health Clinics	0	0	0
Social Services Agencies	0	0	0
Hospitals	6	0	6
Detention Facilities, not WCDHD testing	0	0	0
WCDHD - Onsite	0	0	0
WCDHD - Offsite	0	0	0
Blood/Blood Products Organizations	0	0	0
Private Medical Doctors	1	0	1
Insurance Companies	0	0	0
Total	12	0	12

Source: eHARS 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 6-8 represent the number of infections and demographics of each reported STD.

Table 6 – Chlamydia Infections Reported, January 1, 2009 – June 30, 2009

Gender	Reported Chlamydia Cases	New Cases in 2009			
		January-June	July-December	Total	%
Male		234		234	37%
Female		391		391	63%
Total		625	0	625	100%
Race/Ethnicity	White	310		310	50%
	Black	91		91	15%
	Hispanic	165		165	26%
	Asian	11		11	2%
	American Indian/Alaskan Native	27		27	4%
	Pacific Islander	21		21	7%
	Other/Not Identified	0		0	0%
	Total		625	0	625
Ages	Ages 0-19	200		200	32%
	Ages 20-24	253		253	40%
	Ages 25-39	159		159	25%
	Ages 40 and over	13		13	2%
	Total		625	0	625

Source: STD*MIS Database

Table 7 – Gonorrhea Infections Reported, January 1, 2009 – June 30, 2009

Gender	Reported Gonorrhea Cases	New Cases in 2009			
		January-June	July-December	Total	%
Male		39		39	53%
Female		34		34	47%
Total		73	0	73	100%
Race/Ethnicity	White	42		42	58%
	Black	14		14	19%
	Hispanic	7		7	10%
	Asian	1		1	1%
	American Indian/Alaskan Native	4		4	5%
	Pacific Islander	5		5	
	Other/Not Identified	0		0	0%
	Total		73	0	73
Ages	Ages 0-19	15		15	21%
	Ages 20-24	19		19	26%
	Ages 25-39	28		28	38%
	Ages 40 and over	11		11	15%
	Total		73	0	73

Source: STD*MIS Database

Table 8 – Syphilis Infections (All Stages) Reported, January 1, 2009 – June 30, 2009

Gender	Reported Syphilis Cases	New Cases in 2009			
		January-June	July-December	Total	%
Male		7		7	41%
Female		10		10	59%
Total		17	0	17	100%
Race/Ethnicity	White	5		5	29%
	Black	0		0	0%
	Hispanic	6		6	35%
	Asian	2		2	12%
	American Indian/Alaskan Native	2		2	12%
	Pacific Islander	2		2	12%
	Other/Not Identified	0		0	0%
	Total		17	0	17
Ages	Ages 0-19	0		0	0%
	Ages 20-24	2		2	12%
	Ages 25-39	5		5	29%
	Ages 40 and over	10		10	59%
	Total		17	0	17

Source: STD*MIS Database

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

- One (1) cases of primary or secondary, one (1) male;
- Two (2) cases of early latent syphilis, both females, and;
- Fourteen (14) cases of syphilis of latent or unknown duration, six (6) males and eight (8) females.

Table 9 – Male Syphilis Cases (All Stages), January 1, 2009 – June 30, 2009

Male Syphilis Cases							
		<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
7	*Unknown due to STD*MIS database error	0	6	1	0	0	0

Source: STD*MIS Database

Table 10 – Females Syphilis Cases (All Stages), January 1, 2009 – June 30, 2009

Female Syphilis Cases				
		<i>Information about Index Case</i>		
# of Cases	Cases with Partner Information	Total # of HIV +	Total # of HIV -	Total # of HIV Status Unknown
10	*Unknown due to STD*MIS database error	0	8	2

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 11 – HIV/AIDS Contact Tracing, January 1, 2009 – June 30, 2009

Contacts Identified in 2009	January – June	July – December	Total	Cumulative %
Negative Result Male	16		16	39%
Positive Result Male	10		10	24%
Refused Testing Male	0		0	0%
Not yet tested/investigation ongoing Male	2		2	5%
Male Contacts who are already HIV Positive	1		1	2%
Total Male	29	0	29	71%
Negative Result Female	8		8	20%
Positive Result Female	3		3	7%
Refused Testing Female	0		0	0%
Not yet tested/investigation ongoing Female	1		1	2%
Female Contacts who are already HIV Positive	0		0	0%
Total Female	12	0	12	29%
Total Contacts	41	0	41	100%
<i>Total Contacts with New, Positive Test Results</i>	<i>13</i>	<i>0</i>	<i>13</i>	<i>32%</i>

Source: eHARS 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 and the error is related to the current version of STD*MIS utilized.

Chlamydia

Table 12 – Chlamydia Contact Tracing, January 1, 2009 – June 30, 2009

Disposition	January – June	July - December	2009 Total	Percent
<i>Total Cases</i>	625		625	
<i>Total Partners*</i>				
<i>Total Partners Initiated</i>	705		705	
New Partners Examined				
Preventive Epi Treatment	168		168	52.2%
Refused Preventive Treatment	0		0	0.0%
Infected - Treated	142		142	44.1%
Infected - Not Treated	1		1	0.3%
Not Infected	11		11	3.4%
<i>Total</i>	322	0	322	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	78		78	32.4%
Unable to Locate	13		13	5.4%
Located – Refused Examination	23		23	9.5%
Out of Jurisdiction	30		30	12.4%
Other	97		97	40.2%
<i>Total</i>	241	0	241	100.0%
Previous Treatment for this Infection (not counted as new partner)	142		142	
*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 13 – Gonorrhea Contact Tracing, January 1, 2009 – June 30, 2009

Disposition	January – June	July - December	2009 Total	Percent
<i>Total Cases</i>	73		73	
<i>Total Partners*</i>				
<i>Total Partners Initiated</i>	93		93	
New Partners Examined				
Preventive Epi Treatment	22		22	56.4%
Refused Preventive Treatment	0		0	0.0%
Infected - Treated	17		17	43.6%
Infected - Not Treated	0		0	0.0%
Not Infected	0		0	0.0%
<i>Total</i>	39	0	39	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	20		20	46.5%
Unable to Locate	3		3	7.0%
Located – Refused Examination	4		4	9.3%
Out of Jurisdiction	3		3	7.0%
Other	13		13	30.2%
<i>Total</i>	43	0	43	100.0%
Previous Treatment for this Infection (not counted as new partner)	11		11	
*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 14 – Syphilis (All Stages) Contact Tracing, January 1, 2009 – June 30, 2009

Disposition	January – June	July - December	2009 Total	Percent
<i>Total Cases</i>	17		17	
<i>Total Partners*</i>				
<i>Total Partners Initiated</i>	13		13	
New Partners Examined				
Preventive Epi Treatment	1		1	20.0%
Refused Preventive Treatment	0		0	0.0%
Infected - Treated	1		1	20.0%
Infected - Not Treated	0		0	0.0%
Not Infected	3		3	60.0%
<i>Total</i>	5	0	5	100.0%
New Partners – No Exam				
Insufficient Information to Begin Investigation	2		2	28.6%
Unable to Locate	0		0	0.0%
Located – Refused Examination	0		0	0.0%
Out of Jurisdiction	3		3	42.9%
Other	2		2	28.6%
<i>Total</i>	7	0	7	100.0%
Previous Treatment for this Infection (not counted as new partner)	1		1	
*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 the first-half of 2009, 1,291 HIV antibody tests were reported to the WCHD counseling and testing system that are paid for by WCHD funds and subgrants. There were three (3) 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 15 – HIV Counseling and Testing Sites, January 1, 2009 – June 30, 2009

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	96				96
WCHD – Onsite	618	3			621
WCHD – Offsite	574				574
Other					0
Test Outcomes	1288	3	0	0	1291
Total Tests Provided		1291		0	1291
Test Results Provided to Client	860	3			863
Percentage of Test Results Provided	66.77%	100.00%			66.85%

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 299 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. Reporting was only available through May 31, 2009.

Table 16 – Total Number of STD Tests Provided, January 1, 2009 – May 31, 2009

	January- May	June - December	Totals
Chlamydia	2260		2260
Gonorrhea	2260		2260
Syphilis	965		965
Total Tests	5485		5485

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 17 – Chlamydia Tests Provided at Select Venues, January 1, 2009 – June 30, 2009

<i>Chlamydia</i>						
Provider Type	# of Chlamydia Tests		# of Positive Tests		Test Used	Screening Criteria
	Females	Males	Females	Males		
FP	828	2	36	0	Aptima Combo, Genprobe	Region IX IPP Guidelines
STD	370	617	49	120		
Jail	98	201	10	18		
Teen Health Mall	864	7	72	3		
Juvenile Detention	58	181	3	8		
Totals	2218	1008	170	149		

Source: STIS Database, Insight

Table 18 –Gonorrhea Tests Provided at Select Venues, January 1, 2009 – June 30, 2009

<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	833	2	3	0		
STD	400	654	7	17		
Jail	98	201	5	1		
Teen Health Mall	864	9	3	1		
Juvenile Detention	57	181	1	1		
Totals	2252	1047	19	20		

Source: STIS Database, Insight

Table 19 – IPP Performance Measures

Performance Measure Number	Performance Measure	Result(s)	
CSPS MLS1	a. Proportion of female admittees to large juvenile detention facilities that were tested for chlamydia.	Number of females who received chlamydia testing at the specified juvenile detention centers.	58
		Total number of female admittees to the specified juvenile detention center.	128
	b. Proportion of females tested that were diagnosed with chlamydia.	Number of female juvenile detention center clients positive for chlamydia per year	3
		Number of female juvenile detention clients tested for chlamydia per year	58
CSPS MLS2	a. Among clients of IPP family planning clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.	Number of women treated for chlamydia within 14 and 30 days of the date of specimen collection.	14-80 30-83
		Total number of women who tested positive for chlamydia.	108
	b. Among clients of IPP family planning clinics, the proportion of women with positive GC tests that are treated within 14 and 30 days of the date of specimen collection.	Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.	14- 3 30- 3
		Total number of women who tested positive for gonorrhea.	6
CSPS MLS3	a. Among clients of STD clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.	Number of women treated for chlamydia within 14 and 30 days of the date of specimen collection.	14- 32 30- 32
		Total number of women who tested positive for chlamydia.	59
	Among clients of STD clinics, the proportion of women with positive GC tests that are treated within 14 and 30 days of the date of specimen collection.	Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.	14- 6 30- 6
		Total number of women who tested positive for gonorrhea.	12

IPP				
<i>Goal</i>	<i>Performance Measure</i>	<i>Result(s)</i>		
<i>Prevent STD-related infertility and other complications of STDs by adhering to Region IX IPP screening guidelines and CDC's STD treatment guidelines.</i>	Objective: By December 31, 2009, test and counsel a minimum of 16,000 (statewide) high-risk women and adolescents for chlamydia and gonorrhea according to Region IX IPP screening guidelines.	How many chlamydia and gonorrhea tests were provided to high-risk women and adolescents who presented at your STD or FP clinics according to Region IX IPP screening guidelines?	2153	
	Objective: By December 31, 2009, screen 95 percent of IPP-funded STD and FP clinics female clients aged 25 years old and younger for chlamydia and gonorrhea through targeted use of Nucleic Acid Amplification Tests (NAAT) according to Region IX IPP screening guidelines.	Numerator: The total number of female clients aged 25 years old and younger screened for chlamydia and gonorrhea.	CT – 1624	
		Denominator: The total number of female clients aged 25 years old and younger receiving services at an IPP-funded STD and FP clinics.	GC- 1650 2439	
	Objective: By December 31, 2009, collect and transfer 100 percent of Region IX IPP core data sets from each Nevada region according to the Region IX IPP Data Procedures.	All IPP data has been submitted to the NSHD during the reporting period.		
	Objective: By December 31, 2009, increase the percentage of unduplicated female clients 25 years of age or	Numerator: The total unduplicated number of female clients aged 25 years old and younger that received a chlamydia test at an IPP-funded FP clinic.	966	

	younger in family planning clinics that receives a chlamydia test.	Denominator: The total unduplicated number of female clients aged 25 years old and younger receiving services at an IPP-funded FP clinic.	1236
	Objective: By December 31, 2009, increase the percentage of unduplicated female clients 25 years of age or younger in STD clinics that receives a chlamydia test.	Numerator: The total unduplicated number of female clients aged 25 years old and younger that received a chlamydia test at an IPP-funded STD clinic.	248
		Denominator: The total unduplicated number of female clients aged 25 years old and younger receiving services at an IPP-funded STD clinic.	317
	Objective: By December 31, 2009, increase the proportion of females in juvenile detention centers that are positive for chlamydia infection.	Numerator: Number of female juvenile detention center clients positive for chlamydia per reporting period.	3
		Denominator: Number of female juvenile detention clients tested for chlamydia per reporting period.	58
	Objective: By December 31, 2009, increase rescreening rates among females less than 26 years of age that received a positive chlamydia test in an IPP clinic.	Numerator: Total number of females less than 26 years of age that tested positive for chlamydia in an IPP clinic and returned for rescreening based on the Region IX IPP rescreening definition.	45
		Denominator: Total number of females less than 26 years of age that tested positive for chlamydia in an IPP clinic.	FP - 98 STD - 44

Source: STIS Database, Insight

OTHER REPORTED GOALS AND OBJECTIVES

HIV PROGRAM GOALS AND OBJECTIVES

The Washoe County Health District (WCHD) maintains the following Scope of Work for the 2009 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.

During the reporting period, January 1 through June 30, 2009, 1,288 HIV tests were provided to the community by WCHD clinics or funded agencies. This represents 76% of the objective (1288/1700 tests) being met.

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 through June 30, 2009, 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 January 1 through June 30, 2009, 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 67% 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.

The results returned through the STD clinic surpassed the goal, with 77% of those tested receiving their results. Family planning, the Tuberculosis Clinic, and offsite testing were sites that indicated more challenges in having their clients receive their HIV test results and post-test counseling.

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. Data reminders and training issues are discussed in team meetings and will be addressed with the specific sites that indicate the need for additional support in meeting the objective. 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 January 1 through June 30, 2009, there were three (3) newly diagnosed HIV infections 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 not met for the reporting period of January 1 through June 30, 2009, as 3 of the 40 contacts (93%) of the HIV contacts with unknown or negative serostatus were provided counseling and testing services. The three (3) contacts are still being investigated.

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, 2009 through June 30, 2009, as 13 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, 2009 through June 30, 2009, one (1) of the 41 identified contacts had a previous, confirmed HIV positive test result. Thirteen (13) of the 41 contacts (32%) 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, 2009 through January 1 through June 30, 2009, 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 information is being collected through a new version of the NNPC membership application to ensure a reflection of priorities established through NNPC's Strategic Planning process.

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, 2009 through June 30, 2009, 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, 2009 through June 30 2009, 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, 2009 through June 30, 2009, 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, 2009 through June 30, 2009, 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) was 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. However, NAF withdrew from their subgrant in May 2009.

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. Seventy-two (72) participants have participated in the multi-session program during the reporting period of January 1, 2009 through June 30, 2009. In addition, 30 youth have attended a single session workshop on a drop-in basis. The Street Smart curriculum and development allow for drop-in participation.

Reports on program activity indicate participation in the intended number of sessions. PPMM indicates that 77% of the objective of 60 program participants completing a minimum of six (6) sessions including pre and post evaluation is complete. Forty-six (46) of the 72 participants have completed the minimum number of sessions.

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, 2009 through June 30, 2009, as NNOT meetings were held on a regular basis during this time. Volunteer 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. NNOT has provided 299 HIV tests to the community from January 1, 2009 through June 30, 2009 with 3 positive HIV test results.

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, 2009 through June 30, 2009. Seven (7) print ads were published in the Reno News and Review (RNR) focusing on HIV/STD prevention and HIV testing opportunities. RNR reports total weekly cumulative readership at 96,900. Therefore, the 7 print ads could have made 678,300 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, 2009 through June 30, 2009. In total, 4,345 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, 2009 through June 30, 2009. In total, five (5) HIV/STD-related special events were coordinated and conducted in the local Washoe County community. Activities included events surrounding National Condom Awareness Week, National STD Awareness Month, Cinco de Mayo, 2009 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, 2009 through December 31, 2009. 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, 2009 through December 31, 2009, 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, 2009 through December 31, 2009, 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, 2009, 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.

Activities for this objective are currently in process. Execution of the subgrants is anticipated to occur in December, 2009.

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 2009 activities.

STD PROGRAM GOALS AND OBJECTIVES

Additional data is reported to NVHD's STD program related to STD disparities, testing, outreach and program activities. Funding does not support outreach and education activities through the indirect CDC STD funding stream. However, these activities still take place because of the integrated nature of WCHD's Sexual Health Program. Resources are leveraged that includes HIV, STD, and promoting other positive health outcomes related to sexual health.

The following are WCHD's activities pertinent to NVHD's STD Program reporting:

Goal: Reduce gonorrhea among Black non-Hispanics.

Objective: By December 31, 2009, reduce the rate of gonorrhea per 100,000 population for Black, non-Hispanics.

All STD prevention services provided by WCHD staff target the general population, including Black, non-Hispanic persons. Street outreach, prevention education, and referrals are provided to areas with high concentrations of Black, non-Hispanic persons. Additionally, WCHD staff provided education,

outreach, and testing throughout Diversity Week at the University of Nevada, Reno, including the Minority Health Fair held on April 23, 2009.

Goal: Increase STD awareness and knowledge of STD prevention through individual and community-level interventions.

Please describe the STD prevention services you have provided to raise STD awareness and stimulate individual risk reduction behaviors and the total number of persons reached through your services.

Social marketing and media outreach was utilized throughout the reporting period to raise awareness about STD prevention services. A large emphasis was placed on the advertising of STD prevention services throughout National STD Awareness Month (April). This effort included 2 -- (1/4 page) full color ads in the Reno News and Review, which reports a total weekly cumulative readership of 96,900. Therefore, these ads could have made a total of 193,800 duplicate impressions throughout the reporting period.

In addition, STD testing was conducted during the reporting period at special off-site locations including Steve's Bathhouse, Community Resource Center, Northern Nevada Adult Mental Health Services, Latino Pride, Nevada Hispanic Services, and Grand Sierra Resort. STD testing was also scheduled on a weekly basis throughout April on our advertised community HIV/STD testing line.

Objective: By December 31, 2009, make condoms and other risk reduction material available at local community-based organizations (CBOs) and community clinics throughout Nevada.

WCHD staff partners with the Northern Nevada Outreach Team, a collaborative of HIV/STD prevention CBOs and volunteers, to deliver condoms, brochures, and other risk reduction materials on a weekly basis to 15 locations throughout the community. WCHD staff also participates in street outreach, health fairs, and community events to distribute condoms and risk reduction materials.

Objective: By December 31, 2009, provide STD/HIV prevention messages through the internet.

WCHD staff partners with the Northern Nevada Outreach Team to provide HIV/STD prevention messages through the internet. These messages include advertisements and outreach profiles on manhunt.net, gay.com, and myspace.com. In addition, HIV/STD testing and resource information for WCHD is listed on the following websites: washoecounty.us/health, hivtest.org, manhuntcares.com, myspace.com/turnonreno, wellcumreno.com.

Goal: Continue to improve access to STD testing and laboratory services in Nevada.

Objective: By December 31, 2009, increase STD testing opportunities in non-traditional settings.

STD testing was conducted during the reporting period at non-traditional locations including Washoe County Jail, Jan Evans Detention Center, Steve's Bathhouse, Community Resource Center, Northern Nevada Adult Mental Health Services, Latino Pride, Nevada Hispanic Services, Nevada AIDS Foundation, and Grand Sierra Resort. STD testing was also scheduled on a weekly basis throughout April on our advertised community HIV/STD testing line.

Goal: Increase partner services provided through the internet.

Objective: By December 31, 2009, increase the use of internet-based partner services.

WCHD currently does not utilize the internet to provide partner services. However, WCHD staff has conducted surveys and research to determine the feasibility of internet-based partner services in the future.

Goal: Provide opportunities for training and staff development.

Objective: By December 31, 2009, staff from the local health authorities and the NSHD will attend a national STD conference or training.

WCHD staff have not participated in any national STD-related conferences during the reporting period. However, staff have participated in Region IX IPP meetings, local and internal trainings, opportunities provided through the University of Nevada School of Medicine's AIDS Education and Training Center, and web-based, satellite, and other distance continuing education opportunities.

Goal: Improve local health care providers' knowledge of STD prevention, screening, and treatment guidelines and increase provider reporting.

Objective: By December 31, 2009, complete provider visitations, increase training opportunities for providers and increase STD data dissemination to providers to increase knowledge of STD prevention, screening, treatment, and reporting requirements.

During the reporting period, WCHD has opened web-based and satellite trainings to community providers. In addition, a technical bulletin provides quarterly disease morbidity data to providers. Annually, the Sexual Health Program provides STD and HIV related articles for publication in this bulletin, the Epi-News.

TECHNICAL ASSISTANCE & TRAINING

Table 19 – Technical Assistance and Training Opportunities

January 1 – June 30, 2009			
<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: 2009 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
Ongoing: PEMS Technical Assistance	Jennifer Howell Jessica Cabrales	Nevada AIDS Foundation Planned Parenthood MarMonte	Nevada AIDS Foundation Planned Parenthood MarMonte
Ongoing: NACCHO HIV/STI Prevention Sentinel Network	National Association of County and City Health Officials	Jennifer Howell	Jennifer Howell
Ongoing: Region IX IPP Conference	Region IX IPP	Stacy Hardie Steve Kutz	Stacy Hardie Steve Kutz
Quarterly Kids Kottage Staff Training	Bill Mullen Frontline	Kids Kottage staff	Kids Kottage staff
Ongoing: Weekly April – May 2009, 2009 AIDS Candlelight Memorial Planning Meetings	Gerold Dermid	NNOT Members and Community Members	NNOT Members and Community Members
February 5, 2009 OraSure/Client Centered Counseling/Risk Reduction Training	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
February 12 -- 13, 2009 Rediscover NNPC: Orientation and Training	US-Mexico Border Health Association	NNPC Members	NNPC Members
February 14, 2009 OraSure/Client Centered Counseling/Risk Reduction	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers

January 1 – June 30, 2009

<i>T/A and Training Offered</i>	<i>Provided By</i>	<i>Invitees</i>	<i>Attendees</i>
Training			
February 18, 2009 OraSure/Client Centered Counseling/Risk Reduction Training	Gerold Dermid	NNOT Members and Volunteers	NNOT Members and Volunteers
March 3, 2009 HIV/STDs 101, UNR Class Presentation	Gerold Dermid	UNR Students	UNR Students
Ongoing NACCHO Peer Technical Assistance Provision	Jennifer Howell	<ul style="list-style-type: none"> • Vickie Greenfield, West Virginia, Berekley County Health Dept. • Madison Dane County Public Health Dept. 	<ul style="list-style-type: none"> • Vickie Greenfield, West Virginia, Berekley County Health Dept. • Madison Dane County Public Health Dept.
Quarter 1, 2009 STD/Infectious Disease Inservice	Dr. Zell	WCHD	WCHD
April 7, 2009 Human Sexuality - UNR	Jennifer Howell	Class participants	Class participants
January 21, 2009 Human Trafficking Audioconference	Jennifer Howell Center for Health Training	WCHD NNPC Regional Street Enforcement Team	WCHD NNPC