

CONNECTIONS

A Bimonthly e-Newsletter



Director's Update

July-August 2011



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Concerns regarding increasing health care costs continue to be in the news. In light of this, it's important to recognize how our work in public health reduces health costs—through testing, screening, and linking people to care for HIV and other STDs, hepatitis, and TB. For example, it is estimated that HIV prevention efforts have averted more than 350,000 HIV infections in the United States to date—avoiding more than \$125 billion in medical costs alone. For every HIV infection prevented, an estimated \$367,000 (2009 dollars) in the cost of providing lifetime HIV treatment is saved. Similarly, a review of clinical preventive interventions ranked chlamydia screening of young women in the top 20 interventions in terms of cost-effectiveness and preventable burden. Currently, 32% of the estimated 1.3 million cases of women infected with chlamydia go undiagnosed and/or untreated. Approximately 15% of these women develop complications that may result in 12,400 cases of infertility. If chlamydia screening in women were increased to detect these cases, it's estimated that costs associated with chlamydial infection could be reduced by \$119 million.

Prevention Through Health Care

NCHHSTP identified Prevention through Health Care as one of our six [strategic goals for 2010–2015](#). To that end, anticipated changes in the way health care is delivered present opportunities for NCHHSTP to work across government, public, and private sectors to strengthen activities to prevent and control our focus diseases. Multiple factors shape public health operations—changes in health services, evolving health information systems, and budget constraints—all of which may impact the ways in which health departments will deliver prevention services, treatment, and care.

Last month, NCHHSTP hosted, "Prevention Through Health Care: Enhancing Health Departments' Preparedness and Response." The meeting convened approximately 100 public health professionals to help identify how changes may affect health department activities. In the coming months, we look forward to sharing recently identified "next steps" that the federal government, state and local health departments, and partners can undertake to facilitate implementation of activities that support delivery of critical services.

Resistant Gonorrhea

Did you know gonorrhea is the second most common reportable communicable disease in the United States—with over 300,000 cases reported in 2009 and an estimated 700,000 new infections each year? *Neisseria gonorrhoeae* has progressively developed resistance to antibiotics, and cephalosporins are now the only remaining class of antibiotics recommended for single-drug treatment. The U.S. gonorrhea control strategy relies on effective antimicrobial therapy, yet there are few simple, well-studied and highly effective antibiotic options left. Emergence of cephalosporin-resistant gonorrhea would significantly complicate treatment of this common infection and result in costly complications.

CDC is monitoring antibiotic resistance through the [Gonococcal Isolate Surveillance Project](#), developing a response plan, and working to encourage research and development of new treatment regimens through partnerships with NIH and WHO. Decreasing the overall burden of gonorrhea and providing timely, effective treatment of patients and their partners is critical. Visit our [website](#) for additional information on antibiotic-resistant gonorrhea.

New from CDC

[Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students](#)

[Thirty Years of HIV](#)

[HIV Surveillance, 1981–2008](#)

[Action Plan for the Prevention, Care and Treatment of Hepatitis](#)

Upcoming Events

July 28, 2011
[World Hepatitis Day](#)

August 9–11, 2011
[National Conference on Health Communication, Marketing, and Media](#)

August 14–17, 2011
[2011 National HIV Prevention Conference](#)

On the Web



[Sexual Health Consultation Report](#)

