

**Minutes of  
DoD Sexually Transmitted Diseases Prevention Committee (STDPC)  
Meeting of 22 May 00**

**Attending**

Linda Alexander, ASHA  
Maj. Christine Bader, J4  
LT JR Beckham, BUPERS  
LCDR Josephine Brumit, BUMED  
Bill Calvert, NEHC, Chairman  
Joel Gaydos, MD, WRAIR  
Kim Hamlett, Ph.D., VA  
Steve Heaston, NEHC  
LCDR Sharon Ludwig, USPHS/USCG  
COL Kelly McKee, USAMRIID  
Maj. (P) Steve Niehoff, AFMOA/SGOP  
LTC David D. Peterson, USACHPPM

**Attending by Phone**

Maj. Steve Vieira, AFMOA/SGOP

1. Bill Calvert convened the meeting at 0940 at the Department of the Navy, Bureau of Medicine and Surgery (BUMED), Bldg. 7 conference room.
2. The **minutes of the 11 April 00 were reviewed and approved.**
3. Bill Calvert reported on the PSHPC Notables.
  - While the STDPC Charter and Action Plan have been approved, we have yet to receive a copy of these signed documents. Mr. Calvert will continue to seek these documents through CAPT Bob Murphy, Executive Assistant to the PSHPC Chairman.
4. Dr. Linda Alexander, President and CEO of the American Social Health Association (ASHA), was introduced to the STDPC to explain more about ASHA activities and how the STDPC might be able to collaborate.

ASHA has been in existence for 87 years and was founded by three physicians. ASHA is America's authority on sexually transmitted disease (STD) education and patient advocacy. Their mission is to stop sexually transmitted diseases (STD) and their harmful consequences to individuals, families and communities.

Currently, ASHA, operates three national hotlines through a federal contract with the Centers for Disease Control and Prevention (CDC), the AIDS, STD and

Immunizations Hotlines. They also operate the national Herpes and HPV Hotlines as well.

ASHA spearheaded several national initiatives. First, was the National STD Action Plan which resulted from the Institute of Medicine's report, "The Hidden Epidemic". Part of ASHA efforts engaged seven of the largest pharmaceuticals involved with STDs to meet to address this issue. During the first year of this plan, ASAH focused on public advocacy and chlamydia issues. Particularly, ASHA was able to get congressional hearing regarding STDs.

A second ASHA initiative was awareness and advocacy for genital herpes. Their national clearinghouse for herpes information also provides psychosocial support for patients and their partners. Each year, more than 50,000 people turn to the Herpes Resource Center (HRC) for answers to tough questions about genital herpes. Since ASHA established the HRC in 1979, the center has helped more than 1,000,000 people by providing accurate information and emotional support.

A third initiative of ASHA was forming their National HPV and Cervical Cancer Prevention Resource Center. The Center addresses the lack of nationally available HPV and cervical cancer prevention information and resources. The Center, located at ASHA headquarters in Research Triangle Park, North Carolina, is dedicated to addressing the myriad issues and challenges associated with HPV and cervical cancer prevention in the United States.

Dr. Alexander spoke about the upcoming National STD Conference 2000 titled "Untapped Opportunities: Connecting Science with Solutions", to be held December 4-7, 2000, in Milwaukee, Wisconsin. She invites military abstracts for presentation. The 2000 National STD Prevention Conference will host over 1200 local, state, federal, private-sector, academic and non-profit STD prevention partners to examine the future of STD prevention in the United States.

Dr. Alexander identified several opportunities for collaboration with industry. The first is development of a vaccine for herpes. The second involves prevention of cervical cancer through early detection by PAP screening in conjunction with improved HPV DNA technology. In addition, a vaccine is moving along to phase 3 trials. The third, Hepatitis, has enormous patient education and provider needs.

The STDPC discussed collaborative roles with ASHA. ASHA could serve as an advocate for issues and concerns of the STDPC. ASHA could provide a needs assessment for the STDPC. Through ASHA, the STDPC could partner with outside resources such as the National Health Foundation.

Dr. Alexander, has been appointed to the Armed Forces Epidemiology Board and will attend her first meeting next week. This role could serve as a strong advocate for STD prevention within the military.

**The STDPC recommended Dr. Alexander serve as an “Ad Hoc” member on the STDPC. Hearing no objection, the Chairman approved the motion. Dr. Alexander, President and CEO of ASHA, will serve as an “Ad Hoc” member of the STDPC, offering subject matter expertise regarding STD education and prevention issues.**

5. Mr. Calvert received an inquiry regarding the issue of AIDS as a national security issue from the International Military Education Training Unit (INET) in Monterey CA. Mr. Calvert summarized that there were discussions of roles the U.S. military could have if Congress appropriated funds for this issue. One plan is to look at the Thailand military and their response to HIV. The STDPC believes AIDS, as a national security threat, will involve military to military interaction, but there is no general plan for this, and that the DoD is not prepared to develop or implement one. **The STDPC recommends that this committee be involved in any initiative for AIDS as a national security issue. This recommendation was unanimously approved.**
6. COL Kelly McKee updated the STDPC regarding antimicrobial resistance. *Neisseria gonorrhoea* is emerging as a significant problem for the state of Hawaii. From 1990 to 1997, fewer than 1.5% of gonorrhea cases were resistant to ciprofloxacin, one of a class of antibiotics commonly used for treatment. By 1999, ciprofloxacin resistance had jumped to 9.5%. Results of a case-control study indicated that, in contrast to previous years when foreign travel was a significant risk factor for acquisition of antibiotic-resistant gonorrhea, strains of gonorrhea resistant to ciprofloxacin have now become well-established in the state. The military accounts for a third of gonorrhea cases reported in Hawaii. Importantly, however, the military does not perform culture testing for gonorrhea, relying instead on DNA amplification methods for diagnosis. The implications for this are that little is currently known regarding the true extent of antibiotic resistance among military populations in Hawaii, and that one of the primary therapeutic options for gonorrhea (ciprofloxacin or ofloxacin) which previously was felt to work, now is no longer effective. Similar patterns of antibiotic resistance (2 cases) have been seen at Fort Bragg, NC, recently as well.

In another disturbing development, a recent report in the *Journal of Infectious Diseases* (April 2000) described the presence of azithromycin resistance in *Chlamydia trachomatis* genitourinary tract infections among a small number of individuals in Atlanta, GA., and Wyoming. It is thus becoming increasingly evident that antimicrobial resistance among STD pathogens is a serious emerging problem for both the civilian and military communities. It will be vitally important to not only track developments in this area over coming months, but to begin to consider ways to monitor for the presence of antimicrobial resistance in gonorrhea and chlamydia among military populations.

7. Bill Calvert updated the STDPC regarding his upcoming interview with Armed Forces Informational Services (AFIS). Lynn Pahland at Health Affairs initiated this

interview to promote the activities of selected PSHPC committees. The Alcohol and Tobacco committee chairmen will be interviewed as well. The interview will involve video and print media. Mr. Calvert has negotiated the potential questions with AFIS and provided written replies he intends to follow. These questions and answers have been reviewed by Health Affairs. A copy of the questions and answers were distributed to the STDPC. Mr. Calvert intends to provide this as well to the reporters as a reference for his interview

8. The DoD HIV Directive 6485.1 activities are being coordinated by Steve Heaston, Chairman of the STDPC Education/Health Promotion Subcommittee. Mr. Heaston has developed an outline for recommended changes and has been coordinating proposed recommendations through subcommittee members utilizing e-mail transmitted inputs. He has received input from only a few people. Mr. Calvert reiterated the importance of providing our recommendation in a comprehensive fashion. The STDPC should incorporate all aspects of the STDPC Action Plan into this Directive as appropriate. Additionally, we should consider developing recommendations that are on the cutting edge of STD prevention, to include STD education, prevention, identification and treatment as an HIV prevention strategy. Condom promotion and availability should also be addressed in our recommendations. **Members were requested to submit recommendations to Mr. Heaston in order to have draft recommendations available at the next STDPC.**
9. The **June 15, 2000, STDPC meeting will be hosted by Dr. Joel Gaydos at WRAIR, Room 1W80, 503 Robert Grant Ave, Silver Spring, MD 20910.**
10. The **STDPC set the July STDPC meet in Washington on July 27<sup>th</sup>.** The location will be announced at a later date.
11. The meeting adjourned at 1340. There were no subcommittee meetings convening thereafter.

Minutes taken by: Bill Calvert, Chairman, STDPC