

**Minutes of
DoD Sexually Transmitted Diseases Prevention Committee (STDPC)
Meeting of 14 September 00**

Attending

Maj. Christine Bader, J4
LT JR Beckham, BUPERS
Bill Calvert, NEHC, Chairman
Kelly Coffey, HQ, USMC
Steve Heaston, NEHC
CDR Sharon Ludwig, USPHS/USCG
Lt.Col. Victor MacIntosh, USAF
CDR Brian Murphy, NEHC Preventive Medicine
Donna Ruscavage, Henry M. Jackson Foundation
Phil Renzullo, Ph.D., Henry M. Jackson Foundation

Attending by Phone

Joel Gaydos, MD, WRAIR
Barry Hoag, CNET
Lynn Pahland, Health Affairs
LTC David D. Peterson, USACHPPM
CDR Rick Shaffer, NHRC
COL Kelly McKee, USAMRIID

1. Bill Calvert convened the meeting at 0930 at the Walter Reed Army Institute for Research, 13 Taft Court, Rockville, MD.
2. The minutes of the 24 August 00 meeting were reviewed and approved.
3. Lynn Pahland was asked about the draft revision of the DoD Directives for Health Promotion and HIV. The DoDD 1010.10 addresses Health Promotion. Ms. Pahland is drafting a new Directive which will be shorter in length to set overall health promotion policy for the DoD. In the draft, there will be no core areas, such as nutrition, tobacco, etc; rather the Directive will set policy to support the achievement of the Healthy People 2010 goals and objectives. The Prevention, Safety and Health Promotion Council (PSHPC), and its committees, will be specified in the Directive to guide prioritization of goals and objectives as well as implement specific policies and practices for DoD. If needed, a corresponding DOD Instruction can be developed to provide details for the Directive.

Similarly, Ms. Pahland is revising DoD Directive 6485.1 for HIV. This Directive, currently three pages in length, provides general DoD policy for the identification, treatment, and prevention of HIV as well as set general policy for the retention and promotion of HIV infected service members. Ms. Pahland has removed specific procedures and instructions such as how to test, what test to use to determine HIV

infection, etc. The Directive will support the use of “best practices” for treatment and as prevention to protect the individual as well as mission accomplishment. This will allow the Directive to have longevity by avoiding detail that may change over time thus serving as a living document. The STDPC will be named in the Directive as a committee to identify and recommend best prevention practices for the Services. The STDPC will be able to make specific recommendations for prevention in a corresponding DoD Instruction if needed. Additionally, there are many issues being addressed, such as deployment of HIV positive service members and how often service members will be tested for HIV, which are not yet resolved.

Ms. Pahland is coordinating recommended changes in the Directives with other departments within DoD. While Ms. Pahland provided the general content of these draft Directives, they have not been formally reviewed by all departments and are subject to change. She will provide copies of the drafts to Mr. Calvert, as soon as appropriate.

4. CDR Sharon Ludwig gave a progress report on the Surveillance Subcommittee meeting. The subcommittee minutes (Attachment 1) will be provided as attachments to the STDPC Minutes.
5. Steve Heaston gave a progress report on the Health Promotion/Education Subcommittee meeting. The Subcommittee met twice and divided their Action Areas into three goals. They will meet again following conclusion of today’s STDPC to assign individuals as Goal Champions.
6. Barry Hoag reported on his progress as Goal Champion for the Action Area for Prevention Products. He is currently contacting representatives from each of the Service’s Exchanges to assess the variety offered, and sales of, prevention products. Current data indicate there were over 800,000 condoms sold in Navy Exchanges in 1999, in 34 different varieties. The price per condom ranged from \$.27 to \$.87 for latex condoms and \$1.28-\$1.70 for natural skin condoms. CDR Ludwig suggested that the Coast Guard Exchange be included in this process.

Mr. Hoag also suggested partnering with the Exchanges to produce prevention posters which refer individuals to Exchanges to obtain prevention products. This supports the STDPC Action Plan to promote prevention product availability.

It was suggested that Mr. Hoag explore the possibility of condom vending machines being placed in barracks for single enlisted service members as well as various restroom in military recreational facilities.

7. Dr. Joel Gaydos accepted the nomination to Chair the Research Subcommittee as suggested at the last meeting. Dr. Gaydos sees two broad areas needing to be addressed. The first is evaluative research to identify military STD intervention programs (e.g., education and behavioral modification initiatives) that are or are not working. The second deals with new STD diagnostic and management products (e.g., HPV tests, self administered diagnostic swabs and self treatment kits) that

may be useful to the military. Dr. Gaydos requested a representative from each Subcommittee to work with his Subcommittee and for STDPC members to assemble lists of needed research activities for their areas of expertise.

8. Bill Calvert asked the committee to review the Membership Matrix to fill in gaps and assign individuals to specific areas of representation. In addition to this, **the following recommendations were made to modify the STDPC Charter:**
 - **Change from Permanent to Ad Hoc**
 - **OSD Force Management Policy**
 - **OSD Education and Training**
 - **Manpower and Reserve Affairs (Secretariat Level)**
 - **Add to Permanent:**
 - **J4 Representative**
 - **Women's Health Representative**

The updated Membership Matrix is attached to these minutes.

9. The **STDPC set the November STDPC meeting for the 30th, location TBA, and confirmed the October meeting for the 12th, to be held at American Social Health Association in Washington, DC.** Information regarding location address will be distributed later through an e-mail announcement.

10. The meeting adjourned at 1230.

Minutes taken by Bill Calvert.

ATTACHMENT 1

Minutes of the STDPCCS (Surveillance Subcommittee)
6 September, 2000
WRAIR, Silver Spring, MD

Attendees: Gaydos, Ludwig, MacIntosh, Renzullo
By Phone: McKee, Murphy

Meeting began at 0830.

STDPCC Action Plan changes in the surveillance action area were reviewed. See attached copy for current version.

STD sequelae were discussed and agreed to warrant a separate goal in the action plan. The objectives, strategies, and metrics will be similar to those for the first goal, but the time frame will be longer.

Service surveillance systems will continue to be characterized. Deadline for completion is Oct 15 00.

CDR Murphy will look at the Navy system;

LtCol MacIntosh will find the appropriate contact in the AF.

LtCol MacIntosh will also provide a rudimentary "wiring" diagram for the AF surveillance and epidemiology programs.

"Issues Pertaining to STD Surveillance," a bulleted list compiled by COL McKee will be reviewed by the members. They will submit feedback by e-mail to CDR Ludwig. The purpose of the list is to standardize the service surveillance system characterizations.

Surveillance data will rest with the The Defence Medical Surveillance System (DMSS) by mandate. This subcommittee will recommend policy to ensure standard and accurate data collection by the individual service systems that feed into DMSS. This goal will be facilitated by recent assignment of Navy and AF personnel, LT Jeff Brady and LtCol MacIntosh, respectively, to DMSS. This subcommittee will also try to identify important and possibly more complete local level surveillance programs. CDR Ludwig will request the JPMPG members query their services to locate local programs.

Prevalence surveillance characterization (Objective 2.) begins with identification and evaluation of recent and ongoing screening strategies and prevalence studies (Strategy 1.) Dr. Gaydos reviewed a selection of articles that address military STD studies which provide pockets of information regarding prevalences. He discussed the very large gaps in prevalence studies. We agreed to work on recommendations for prevalence surveillance system based on periodic testing for specific STDs in specific targeted populations. Committee members will review the articles and begin putting down ideas for a statement on the status of military STD prevalence surveillance.