THE OFFICIAL NEWSLETTER OF THE

NATIONAL COALITION OF GAY STD SERVICES

Volume 2 #1 August-September, 1980

This Newsletter is published by the National Coalition of Gay Sexually Transmitted Disease Services (NCGSTDS). Suggestions for articles on sexually transmitted diseases in gay people, questions about the venereal diseases, and inquiries about membership in the Coalition ($10/year for individuals (nonvoting), and $20/year for STD clinics, organizations, services & programs) may be addressed to: Mark Behar, Chairperson, NCGSTDS, 1637 N. 21st Road, #9, Arlington, VA 22209, or by pjoning (703) 525-0812. (Membership fees will soon be changing.) Please credit the Coalition when reprinting items from the Newsletter.

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Audio Tapes of STD Symposium & NCGSTDS Annual Meeting

A complete set of 9-90 minute cassette recordings (unedited) of June's Current Aspects of STDs--II Symposium is available for archival purposes, from the NCGSTDS. The entire set of 9 tapes was professionally recorded (excellent quality) and will cost $45 (TDK-D-C90 tapes provided). This includes postage, handling, and duplicating charges. You may provide your own tapes & postage--total cost is then only $7. Tapes of individual presentations are also available. Write for cost information, giving the presentation requested. Regretably, cassette tapes of the NCGSTDS's annual meeting were of inferior audio quality and were incomplete due to equipment malfunctions. Two 120 minute tapes are available to Coalition members at no cost (you must provide tapes and return postage), however no guarantees are offered about audio quality! Please address all requests & remittances to Mark Behar, NCGSTDS, 1637 N. 21st Rd., #9, Arlington, VA 22209.

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Coalition's Semi-Annual Meeting

Yes, it is now time to begin planning for the NCGSTDS's semi-annual meeting, tentatively scheduled for Sunday, October 19, during the American Public Health Association's annual meeting in Detroit. The APHA's Gay Public Health Workers Task Force is also meeting during the convention, and is sponsoring several professional presentations on gay health matters. The major items of business at the NCGSTDS's meeting, will involve the review of recommendations of the 13 member Task Force on "Healthful Guidelines for Recreational Sex," and "Current Aspects of STDs-III Symposium" (the feasibility of sponsoring in 1981)(see elsewhere in this Newsletter for related articles), formed at the June meeting in San Francisco. Please bring other agenda items to the attention of the Chairperson before October 1 (see address above).

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IMPORTANT ANNOUNCEMENT

Coalition business & correspondence may be delayed during the periods September 1 through October 11, and November 24 through January 10, due to the Chairperson's academic responsibilities. Please be patient!

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Donation Received

The NCGSTDS greatfully acknowledges the receipt of a $100 donation from Ross Peacock of the American Foundation for the Prevention of VD, Inc., in May, 1980. Mr. Peacock also provided several hundred copies of his agency's 8th edition of The New Venereal Disease Prevention for Everyone for review by Coalition members, friends, and June STD Symposium participants. His support is much appreciated! **********

Important Notice to Non-Coalition Members: Mailing List Being Revised

Due to the prohibitive cost of mailings, the NCGSTDS is being forced to cut down its mailing lists. Therefore, if you are not now a member but would like to continue receiving mailings, you must send us a request by October 1, 1980, or your name will be removed from the rosters. The current issue of the Newsletter is being mailed to over 175 individuals with an average cost of the last issue of the Newsletter (volume 1 #5) costing over 80¢ each! Current dues paying members are unable to absorb such large costs. We want to maintain contact with all individuals and agencies interested in gay STDs. Membership fees will remain $10/year for individuals and $20/year for organizations & services for a limited time only. The NCGSTDS is a volunteer group with limited finances and resources--your membership will help. Please make sure your address is clearly written when corresponding with the Coalition--all NCGSTDS mailings returned for an incorrect address automatically removes your name from the lists.

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Rectal & Perianal Condylomata Acuminata

Roger Gremminger, MD, Medical Director of Milwaukee's Gay Peoples Union STD Clinic is seeking cooperation from all gay STD clinicians and services for implementing a uniform research and clinical program for the diagnosis and treatment of rectal & perianal venereal warts (Condyloma). He is interested in developing an approach in the epidemiology of warts by using a modified questionnaire developed by Richard Hamilton, MD of San Francisco. He would also like Clinics to share their experiences using different treatment modalities. Please correspond with him at his home: Roger Gremminger, MD, 929 N. Astor, #1608, Milwaukee, WI 53202. For more information about Dr. Hamilton's client condyloma questionnaire, write him at: 2000 Van Ness, #204, San Francisco, CA 94107.

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Volume One Newsletter Back Issues Available

Back issues of the NCGSTDS's Official Newsletter (volume 1) are available at cost (photo-copying & mailing) to members & friends. They are available as follows: #1 (2 pages) 30¢; #2 (3 pages) 35¢; #3 (5pages) 50¢; #4 (8 pages) 80¢; #5 (6 pages + 2 page supplement) 80¢; all 5 issues of volume 1, $2. Address requests to the Chairperson, address on page 1.

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Contracts & Agreements with Pharmaceuticals

All gay VD programs having business contacts with drug companies are asked to correspond with the NCGSTDS regularly, so that we may inform other services of your affiliations to prevent inequitable agreements between the pharmaceutical companies and the services. The only way we can help maintain quality, uniform treatment of gay clientele everywhere is by keeping everyone informed of existing or developing contracts.

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"Syphilis--or The French Disease"

An article in the August, 1980 issue of Resident & Staff Physician, entitled "Syphilis--or The French Disease," describes the origin of the name of the disease. Syphilis has been known as: "the French Disease," "the Neopolitan Disease," "the Canton Disease," "the Chinese Disease," "the Spanish Disease," "the West Indian Disease," and perhaps most appropriately, "the Great Pox." The reader may speculate about the basis of these eponyms. The Italian pathologist Hieronymus Fracastorius wrote the classic description of syphilis in the early 1500's, and invented a fable to account for the origin. The shepherd, Syphilus, antagonized the sun god by worshiping and making offerings to the mortal King Alcinthous during a heat wave; the sun god retaliated with a "pestilence unknown before...." *****

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NCGSTDS Member Services

The following is a list of NCGSTDS member services, as of August, 1980, alphabetized by state and city. Please keep the Coalition advised of address & telephone changes.

1. Gay Community Services VD Clinic of Tucson. POB 2807, Tucson, AZ 85702
2. Berkeley Gay Men's Health Collective. 2339 Durant Av., Berkeley, CA 94704.
3. Men's Clinic--Gay & Lesbian Community Services Center. 1213 N. Highland Av., Los Angeles, CA 90038.
4. Howard Brown Memorial Clinic. 2676 N. Halsted, Chicago, IL 60614.
5. Fenway Community Health Center. 16 Haviland St., Boston, MA 02115.
6. Gay Community Center of Baltimore VD Clinic. 2133 Maryland Av., Baltimore, MD 21218.
7. Gay Men's Health Project. 74 Grove St., Room 2RW, New York, NY 10014.
8. St. Marks Gay Men's Health Clinic. 88 University Place, 9th Floor, New York, NY 10003.
9. Pittsburgh Free Clinic. 121 S. Highland Av., 2nd Floor, Pittsburgh, PA 15206.
10. Seattle Clinic for Venereal Health. 105 14th Av., Suite B, Seattle, WA 98122.
11. Blue Bus-Renaissance Gay VD Clinic. 913 Spring St., Madison, WI 53714.
12. Gay Peoples Union STD Clinic. 1568 N. Farwell Av., Milwaukee, WI 53202.

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Tucson's Gay VD Clinic Reopens

by Al Obermaier, Director

The Gay Community Services VD Clinic ceased its operations, April 1, 1980 because of increased lack of support and cooperation from a CDC employee from the county health department. Because the director and other staff were unable to effectively manage these problems with the health department with the limited time and energies they had, the Gay Community Service's Board of Directors decided to temporarily cease Clinic operations until sufficient funding could be secured to make the Clinic totally independent of the health department. The Clinic is planning on reopening at the end of August with the following services: treatment of venereal warts, pubic lice, scabies, enteric diseases, and syphilis and gonorrhea, however the Clinic will not be testing for syphilis and gonorrhea.

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News from Milwaukee

The Gay Peoples Union STD Clinic may soon be moving its facility from the present Farwell Avenue location to a new and larger building in a cooperative venture with several nongay community organizations. The present building was recently purchased by the Milwaukee Jewish Federation, who plans on either renovating the building or tearing it down for a parking facility. They also report the development of a computerized medical record filing system. Details in a future Newsletter, or write directly to: Sue Dietz, RN, Director, GPU STD Clinic, 1568 N. Farwell Av., Milwaukee, WI 53202.

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Recently Published Gay Medical & STD Articles

McGhee, R.D., & Owen, W.F. Medical aspects of homosexuality. New England Journal of Medicine, 303:50-1, 1980.

Dritz, S.K. Medical aspects of homosexuality. New England Journal of Medicine, 302: 463-4, 1980.

Dardick, L., & Grady, K.E. Openness between gay persons and health professionals. Annals of Internal Medicine, 93:115-9, 1980.

Owen, W.F. Sexually transmitted diseases and traumatic problems in homosexual men. Annals of Internal Medicine, 92:805-8, 1980.

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Recently Published Gay Medical & STD Articles, continued

Owen, W.F. The clinical approach to the homosexual patient. Annals of Internal Medicine, 93:90-2, 1980.
Lebedeff, D.A., & Hochman, E.B. Rectal gonorrhea in men: diagnosis and treatment. Annals of Internal Medicine, 92(4): 463-6, 1980.
Corey, L. & Holmes, K.K. Sexual transmission of Hepatitis A in homosexual men. New England Journal of Medicine, 302(8):435-8, February, 1980.
Bolan, R.K. Sexual transmission of Hepatitis A in homosexual men. New England Journal of Medicine, 303(5):282-3, July, 1980.
Corey, L. & Holmes, K.K. (Reply to R.K. Bolan.) New England Journal of Medicine, 303(5): 283, July, 1980.

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Viral Hepatitis: CME Course in LA

The Gay & Lesbian Community Services Center of Los Angeles is cosponsoring a medical education course on Hepatitis, along with the Drew Postgraduate Medical School and the Los Angeles Venereal Disease Information Council on September 10, 1980, at the Pacific Design Center in West Hollywood.

Several nationally reknown faculty will be discussion various aspects of Hepatitis, including the disease's etiology, diagnosis, laboratory testing, treatment, prognosis, epidemiology, research, and history taking. Six hours of category 1 AMA?CMA CME hours will be available to physicians, nurses, and physician's assistants. For additional information, please contact Loren Senseman (213/974-7275) or Thomas Nylund (213/474-7400 x267).

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Pennsylvania Distributes Gay STD Brochures

Two companion publications have recently been developed by the Pennsylvania Department of Health. "For Gay Men About VD," Summarizes the importance of STDs in gay men, and what to do if STDs are suspected. The signs and symptoms of NGU, gonorrhea, syphilis, herpes, hepatitis, venereal warts, crabs, scabies, amebiasis, giardiasis, and shigellosis are briefly described. More detailed information describing causes, symptoms, incubation, transmission, diagnosis, treatment, followup, prevention, and untreated courses of the above diseases are printed in "For Gay Men About VD." Sections on questions to ask physicians and use of the health department and other medical resources are also included. The booklets have been distributed to gay bars, clubs, and organizations, and is also available from: Edward J. Powers, Senior Public Health Advisor, STD Control Division, Pennsylvania Department of Health, POB 90, Harrisburg, PA 17120.

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Clinic Evaluations

Congradulations! You've just been informed by your municipal or state health department that your gay VD clinic is umteen times better than any other public or private facility in town. Knowing the way many public and private VD programs operate, this may or may not be such a complement. The major goal of any gay VD program should be to provide high quality, low cost, efficient, friendly and professional medical STD services to gay clientele. Quite a responsibility. How do we know that such "lofty" goals are being realized? Government public health officials may help by providing a relatively objective view (if they're not homophobic). However communicating with your clients, and allowing them to actively participate in your service's self-evaluation & critique may be useful. The clinic staff's administratively biased views of "efficient, professional, and friendly" operations may not be shared by clients, who view sitting in waiting rooms, or being

(continued)

Clinic Evaluations, continued

interviewed by several people as inefficient and annoying; staff demeanor among themselves or clientele may be interpreted as unprofessional, noisy, obnoxious, or intimidating, especially to the uninitiated novice at your clinic.

We often forget that having a venereal disease may be a terrifying experience for some, especially with society's prevailing attitutes about human sexuality. Don't lose sight of the most important aspect of your clinic--your clientele! If you have a few extra volunteer staff "hanging around" with little to do because of space limitations, why not ask them to pull aside a person in the waiting area, and on a one-to-one level explain your service's operations, and ask for feedback. And by all means, share these observations frequently with your other staff.

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National Gay Health Directory

The Second Annual Edition of the National Gay Health Coaltion's (NGHC) National Gay Health Directory was distributed at the Third National Lesbian & Gay Health Conference/Current Aspects of STDs--II Symposium in San Francisco, this June. The Directory gives annotated listings of gay health agencies, organizations, and individuals from around the country. Coalition members who do not yet have a copy are encouraged to write to the NCGSTDS immediately, for a complementary copy. Non-Coalition members may purchase the Directory directly from NCGSTDS for $3 plus 50¢ for postage & handling.

If you or your clinic wish to be listed in next year's edition, send your (or your agency's) name, address, phone, schedule of availability, description of services and fees, and any other pertinent information to Jeanne Brossart, 80 S. Elliott Place, Brooklyn, NY 11217.

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Revised NCGSTDS Membership-Dues Proposal

The following membership and dues schedule was constructed from recommendations made at the Second Annual Meeting of the NCGSTDS. In place of the two membership-dues categories presently in effect (organizational (voting)--$20/year and individual (nonvoting)--$10/year), five membership-dues categories are created:

1) Associate (corporate) membership. A for-profit business wishing to support the efforts of the Coalition and to communicate with its members. One vote. $250/year.
2) Gay or nongay group medical practice. A for-profit group of 2 or more physicians or other health practitioners in a corporation. One vote. $50/year.
3) Gay or nongay individual physician or other for-profit health practitioner. One vote. $25/year.
4) Gay STD Service or nongay STD service offering significant diagnostic & treatment services to gay people. Non-profit. One vote. $20/year.
5) Individual. One vote. $10/year.

Note that all membership categories are entitled to one vote (unlike present system); all members will continue to receive the Official Newsletter, and any other communications and mailings. Anyone unable to afford the Individual membership rate, may request exemption. The major reasons for increasing the membership dues are to offset the increased expenses of printing and mailing the Newsletter and other expenses incurred with day-to-day operations of the Coalition. If you wish to voice opposition or other comments about this proposal, contact the NCGSTDS immediately. This proposal will be implemented October 12, 1980 if objections have not been received by then. Your not responding implies approval!

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Healthful Guidelines for Recreational Sex

A list of ideas, suggestions, and items to be investigated on the topic of "healthful guidelines for recreational sex," was compiled at the Coalition's Second Annual Meeting June 21, in San Francisco. Official recommendations will be presented by thirteen Task Force Members at the October NCGSTDS meeting. (Task Force Members represent the following professions: MD, RN, PA, psychology, VD clinic administration, medical anthropology, research scientist, and others.) There was concensus on one set of guidelines concerning oral-rectal contact: oral-anal contact ("rimming") is associated with increased risk for acquiring disease. Considerable effort will be made to announce recommendations & guidelines (R & G) in a positive, nonjudgemental manner. Other R & Gs follow, in rough draft form. They are not the final R & Gs of Task Force Members.

*These R & Gs were formulated by gay medical professionals & experts in STDs from around the country. Following these R & Gs may significantly reduce the acquisition and spread of the STDs. Whatever is listed should include a statement about what we know for sure (based on common sense, clinical observations, or empirical data), or what we think may be a good idea but we really don't know for sure. All R & Gs are subject to modification when new knowledge becomes available.

*Routine & Regular STD Testing. Should include VDRL for syphilis, and trisite gonorrhea testing (if economically feasible) along with anoscopic examination. The following is an example of how certain variables may be considered when trying to construct a method to determine the optimal frequency of gonorrhea & syphilis testing for a sexually active person. Assigning an arbitrarily weighted value to each of these factors and then summing them will yield a number that may suggest the optimum frequency of STD testing. Here are those factors (assign your own numerical values):

A1) Number of sex partners/month:
- less than or equal to 2
- 3-10
- 10-20
- more than 21

Or A2) % of sex encounters that are:
- primarily one-night stands
- primarily several nights with the same person
- primarily few sex partners but lots of sex
- Are you primarily "monogamous"?
- Are your sex partners primarily "monogamous"?

B1) % of your sexual encounters that are anonymous (ie, you don't know their name or phone number):
- 0
- 1-20%
- 21-100%

Or B2) Are any of your sexual encounters in:
- bathhouses, tearooms, parks?
- private homes?
- both of the above?

C) Types of sexual activities practiced since your last VD examination:
- masterbation (J/O, Mutual, etc.) only
- water sports only
- scat, rimming (oral-fecal/rectal)
- fist fornication
- active or passive rectal
- active or passive oral
- body rubbing

D) Do you:
- wash with soap & water, before and after having sex?
- urinate after having sex?
- gargle before or after having sex?

E) Geographical area where you live and where your sex partner lives:
- Cities of New York, San Francisco, Los Angeles, or Chicago? or foreign countries?
- Other large urban areas?
- Small cities, towns, etc.?
- Rural areas?

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Healthful Guidelines for Recreational Sex, Continued

Now add the total number of points (remember, you have arbitrarily assigned each of them a weighted value); if you are asymptomatic for any of the venereal diseases, and your total number of points is X, then you need to be checked once a year; if your point total falls in the range of X to X + Y, then you require testing every 6 months; and so on. Obviously, these type of questions should be asked by the intake interviewer, who can more fully elaborate on the questions.

*Washing perianal & genital areas before & after sex with soap and water, although not having been shown to be effective scientifically, probably won't hurt. However there may be a false sense of protection and security after washing though. What are the roles of: urinating & douching after sex? Bidets & colonic irrigation? Hydrogen peroxide gargling to control oropharyngeal gonorrhea? Soap in the urethral meatus to control urethral gonorrhea & NGU? Bacteriocidal & bacteriostatic creams, lubricants, suppositories for intraurethral and intrarectal use? Water soluble vs. petroleum lubricants for rectal sex? (They should be unscented, in any event, to prevent a chemically induced proctitis.) Self-digital rectal examinations, routinely (like in the shower)?

*Sexual Practices: oral-anal contact (rimming) is associated with increased risk for acquirin enteric diseases and hepatitis. Fist fornication is associated with increased risk for serious, often lifethreatening traumatic injuries to the lower bowel.

*Education: Sexually active people must be well informed about the signs & symptoms of STDs, especially those diseases they are at highest risk for (depends on what & who they do). Health providers should teach the incidences of the diseases. Sexually active people should know to abstain from all sexual contact with symptomatic partners (or if they themselv are symptomatic), or if treated themselves, until retests are negative. They must also learn the importance of a complete course of treatment, with followup testing, and that trying to treat or prophylactically treat oneself is very poor strategy. VD clinics should anticipate an increase in client-visits due to reeducation & awareness programs and have a way to cope with such increases with their existing resourses. Recommend that the Advocate print an updated addendum for their book on gay medical problems and offer it with the book to distributers, until they are able to print a new edition.

*Baths: Request that bathhouses print up "trick" cards or match book covers with the local VD Clinic phone number, and that bath patrons be seriously encouraged to use their real first names & phone numbers. Perhaps local gay organizations or clinics use a "Good Housekeeping Seal of Approval" bath rating system for accessibility of showers, frequency of germicidal cleanings, etc. (5 stars is excellent, . . . , no stars is a cesspool). Investigate the idea that in order to renew bath memberships, all customers must have a routine VD testing certification, and that bath employees be trained & entrusted to do such testing under appropriate supervision. Request that bath management offer an incentive (eg, free locker pass for next visit, or free coffee or discount) for onsite VD testing.

*NCGSTDS Official Newsletter is to be used as a forum for discussion & exchange of ideas.

*The Task Force will annually rehash and review old & new R & Gs.

Anyone wishing to offer suggestions to Task Force Members for further development of R & Gs should write to the Coalition. Comments & criticisms are always welcome!

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Minutes of the June 21, 1980 (Second Annual) Meeting of the NCGSTDS
compiled by Dennis Fargen (Seattle) and Mark Behar

The third meeting (second annual) of the NCGSTDS was convened at the San Francisco State University at 4:40 pm on June 21, by Mark Behar, chairperson. Dennis Fargen (Seattle Clinic for Venereal Health) took minutes for the meeting. Approximately 40 people from

(Continued)

Minutes, continued

the US and Canada were present, including representatives from the following member services: Tucson's Gay Community Services VD Clinic; Berkeley's Gay Men's Health Collective; LA's Men's Clinic--G&LCSC; Chicago's Howard Brown Memorial Clinic; Boston's Fenway Community Health Center; New York's Gay Men's Health Project; Seattle's Clinic for Venereal Health; and Milwaukee's GPU STD Clinic. Absent were: Baltimore's Gay Community Center VD Clinic; New York's St. Marks Gay Men's Health Clinic; Pittsburgh's Free Clinic; and Madison's Blue Bus-Renaissance Gay VD Clinic. Membership: 12 organizational and 18 individual members. Gary Carr, formerly of St. Marks reported that St. Marks has divided into a St. Marks Lesbian Collective (44 St. Marks Place), and a St. Marks Gay Mens Health Clinic (88 University Place). Finances: Total income (excluding the STD Symposium): $516; Total expenses (excluding the Newsletter): $187.29, Newsletter expenses: $181.45; Net (excluding Symposium): $147.26. See page 5 of this Newsletter for a proposed membership & dues schedule change. A letter of thanks & acknowledgement to BAPHR (Bay Area Physicians for Human Rights) for their help & cosponsoring of the STD Symposium was promised. Review of the year's activities: Our objectives, to encourage communication & networking among the nation's gay STD services, and establishing a liason with the CDC took up most of the year (5 Newsletters, the STD Symposium were the most notable achievements). We also established ties with the National VD Hotline, Gayellow Pages, National Gay Health Coalition, and its Gay Health Directory, the Haworth Press (publisher of the Journal of Homosexuality, among others), the American Foundation for the Prevention of VD, and with the CDC. We have requested information from the FDA about the claim of a "venereal prophylactic" by the Sanitube Company. The NCGSTDS is now a member of the National Gay Health Coalition, and have also worked with the Gay Public Health Workers Caucus of the American Public Health Association.

Robert Bolan initiated discussion on the voting privileges of members; it was eventually moved & seconded that all members retain the right to one vote (passed). See p. 5 of this Newsletter for details about the membership & dues structure. Relationships with the CDC: Tucson's Gay VD Program was temporarily closed (see p. 3) presumably due to harassment by a health department & CDC employee (however the Clinic is now back in service), according to Al Obermaier, director. Paul Wiesner of the CDC's VD Control Division was the keynote speaker at the STD Symposium and participated in several discussions. There was considerable discussion about Services affiliations with drug companies such as Merck, Sharp, & Dohme. It was decided that instead of the Coalition serving as a liason between drug companies and the different clinics, that all clinics & services that enter into any agreements or contracts with any drug companies for any services, should communicate with the NCGSTDS so that all other services will benefit from the information distributed via the Newsletter. Extensive discussion then centered on the STD Symposium--Audio cassette tapes were made (see page 1 for details); all Symposium presentors will be asked to submit summaries of their presentations for publication in the Newsletter, and for possible submission to the CDC's Dear Colleague Newsletter. The Symposium had 3 major functions: As a forum for the presentation of research, literature reviews, case reports, with discussion; Developing of networking; and Continuing Medical Education to encourage other medical professionals to learn about STDs. A fourth function may also be considered as a corollary to the 3rd: fundraising for the sponsoring groups from the CME. Two things must be considered in evaluation: was there enough network development? Were presentations significantly different from last year's Symposium to warrant another Symposium for next year? In any event, geographic diversity and Coalition representation /cosponsorship must also be considered when planning for future STD Symposia. A review of the STD Workshop recommendations are presented on pp. 6-7 of the Newsletter.

The next meeting for the NCGSTDS is tentatively scheduled for the October APHA meetings in Detroit (details on p. 1). Mark Behar was reelected Chairperson. The meeting was adjourned at 7:30 pm.

(Due to space limitations, a more detailed version of the minutes could not be printed. Only salient points were included. Sorry!)

End of Newsletter

Gonorrhea Vaccine

The September 5, 1980 issue of Science (volume 209, pp. 1103-06) reports on research involving immunizing people with bacterial pili, threadlike projections on bacterial cell surfaces that serve in genetic transfer ("mating") and attachment (the latter structures are sometimes called "fimbriae" or "fibrillae" to distinguish them from the pili). These attachment pili may give pathogenic bacteria the ability to adhere to target cells (such as epithelial cells that line the urogenital tract), which may prove the basis for developing a vaccine which would elicit production of antibodies against the pili, preventing the attachment to cell surfaces of bacteria bearing the projections.

Charles Brinton of the University of Pittsburgh, the discoverer of pili 25 years ago, has developed a vaccine containing gonococcal pili. Preliminary tests of its antigenicity elicited antibody production in human volunteers (in both their blood and urogenital tract secretions) and conferred some protection to volunteers "challenged" by exposure to N. gonococcus. Edmund Tramont of the Walter Reed Army Medical Center hopes that a field trial within one year will provide more definite answers. Thomas Buchanan of the University of Washington Medical School has also prepared a gonococcal pili vaccine and is pilot testing it on volunteers.

(The NCGSTDS will be contacting Dr. Tramont to express interest in working with him when the field trial is ready for testing. The Coalition has representatives in Pittsburgh, Washington, DC, and Seattle.)

The most immediate problem seems to be with the gonococcus. There are about 1000 different strains, each antigenically distinct. According to Tramont, a pessimet would claim that the antibodies to one strain of GC pili won't cross-react with the others, whereas an optimist would believe that a common antigen would immunize against most or all strains. The upcoming studies will hopefully support the optimist's position.

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Penicillinase-Producing Neisseria Gonorrhoeae Treatment Schedules

The Center for Disease Control's (CDC) Morbidity and Mortality Weekly Report (MMWR) reports on the recommended treatment for penicillinase-producing Neiserria gonorrhoeae (PPNG) in the August 15, 1980 issue. We quote [references are omitted; please consult MMWR]:

"CDC is now specifically recommending spectinomycin 2 g for the initial treatment of uncomplicated anogenital gonorrhea in patients who have recently returned from countries, such as the Philippines, Singapore, and Thailand, that have areas of high prevalence of PPNG infections. The same dosage is also recommended for (1) the initial treatment of patients with proven PPNG infections, (2) treatment of the sexual partners of these patients, and (3) retreatment of patients who have persistent infections after initial therapy with another antibiotic. Isolates of N. gonorrhoeae obtained from patients treated with spectinomycin should be tested for penicillinase production. All patients treated for gonorrhea should have a post-treatment culture taken 3-7 days after treatment.

"There are, as yet, no published studies on the treatment of PPNG-associated salpingitis and PPNG pharyngeal infections. Spectinomycin and cefoxitin appear effective in the treatment of salpingitis caused by penicillin-sensitive gonococci and are definitely effective in urethritis caused by PPNG. However, these 2 drugs may be relatively ineffective for pharyngeal gonococcal infection. The fixed-combination antimicrobial sulfamethoxazole/trimethoprim has been used to treat pharyngitis caused by penicillin-sensitive gonococci and may be effective for PPNG urethritis.

"Pending definitive studies, the CDC recommends the following regimens:

(Continued)

PPNG Treatment Schedules, continued

"For salpingitis associated with endocervical PPNG infection:
1. Outpatients--spectinomycin 2 g IM daily for 5-10 days.
2. Inpatients--cefoxitin 2 g IM or IV every 8 hours for 5-10 days. Because experience with treatment of this infection is very limited, hospitalization of most patients may be advisable.

"For PPNG pharyngeal infection:
Sulfamethoxazole/trimethoprim 9 tablets (400 mg sulfamethoxazole/80 mg trimethoprim per tablet) daily for 5 days."

["For initial treatment of uncomplicated anogenital PPNG infection:
Spectinomycin 2 g IM."]

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CDC Sponsored STD Prevention & Training Clinics

The VD Control Division of the CDC in association with State and local health departments and selected medical schools announces the establishment of several ongoing STD prevention/training clinics. Instruction and training by clinic personnel and medical school faculty is designed for MDs, PAs, RNs, NPs, and others already functioning in a VD clinic or beginning employment in a VD clinic as well as those in private or group practice or with medical school or hospital affilitation. Three different courses, geared to the needs and experiences of the trainees, will be offered periodically at each STD prevention/training facility.

STD CLINICIAN TRAINING COURSE--LEVEL 1: An introductory clinical training course, aimed at PAs, NPs, and RNs, 80 hours (2 weeks) long. The course content includes: Introduction to STD, STD Diagnosis and Management, Clinic-Patient Interaction, The Clinic Record, History and Physical Examination, Laboratory, Epidemiology, Therapeutics, Patient/Health Education, and Clinic Management. The course includes formal lectures, class discussion, AV presentations, and practical clinical & lab experience.

STD CLINICIAN TRAINING COURSE--LEVEL 11: A course designed for experienced clinical personnel desiring advanced training and for graduates of the Level 1 course who have also had 2-4 months of applied clinical experience. The course is 40 hours (1 week) long. Course content includes: Review of STD Diagnosis & Management, Differential Diagnosis, Multiple Infections, Lab, and Clinic-Patient Interaction. Course format includes formal lectures, clinical problem-solving workshops, and relevant clinical and laboratory experience.

STD UPDATE FOR PHYSICIANS: A clinical update course for practicing physicians, 16 hours (2 days) long. The course includes clinical problem-solving workshops, formal lectures, consultation time and supervised clinical and laboratory experience. CME credit is granted (Category 1, AMA).

Application for course enrollment should by made directly to the training site. There is no tuition charge for participants. Educational and laboratory supplies will be provided free. Travel expenses and per diem are the responsibility of the participant and/or participant's agency. For more information or application forms, write to the training coordinator at the closest training center below, or contact the VD Control Division, Center for Disease Control, Atlanta, GA 30333.

BALTIMORE: Eastern Health District Clinic, 620 N. Caroline St., Baltimore, MD 21201. (301/396-4448) CHICAGO: Municipal Social Hygiene Clinic, 27 E. 26th St., Chicago, IL 60616 (312/842-0281, 353-4312) CINCINNATI: Peoples Health Clinic, Burnett & Melish, Cincinnati, OH 45219 (513/352-3143) DALLAS: City of Dallas VD Clinic, 1936 Amelia Court, Dallas, TX 75235 (214/670-6115) DENVER: Denver Metro Health Clinic, 605 Bannock St., Denver, CO 80204 (303/893-7446) LOS ANGELES: Central Health Center, 241 N. Figueroa St., Los Angeles, CA 90012 (213/974-8229) NASHVILLE: Metropolitan Health Department, 311 23rd Av., North, Nashville, TN 37203 (615/327-0030) SEATTLE: Harborview Medical Center--Clinic #11, 325 Ninth Av., Seattle, WA 98104 (206/223-3430). *****End of Newsletter*****