



City Health Information

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CHLAMYDIA TESTING AND TREATMENT

- **Take a sexual history of all patients, including adolescents—anyone who is sexually active is at risk for chlamydia infection.**
- **Screen sexually active women 25 years and younger for chlamydia at least once a year; urine testing is now widely available.**
- **To prevent serious complications, treat chlamydia infections promptly and retest 3 months after treatment. Reinfection is common and increases the risk of serious sequelae.**
- **Make testing for chlamydia, HIV, and other sexually transmitted diseases a routine part of medical care. In New York State adolescents have the right to be tested without parental consent.**

Chlamydia *trachomatis* genital infection is the most commonly reported bacterial sexually transmitted disease (STD) nationwide and in New York City (NYC). In 2004, almost 1 million cases were reported in the US.¹ The cost of care for complications of chlamydia infections likely exceeds \$2 billion per year.²

Chlamydia is especially widespread among adolescents.¹ In 2005, almost half of all NYC cases (19,489 out of 39,215) occurred among women under 25 years of age (**Figure 1**).³

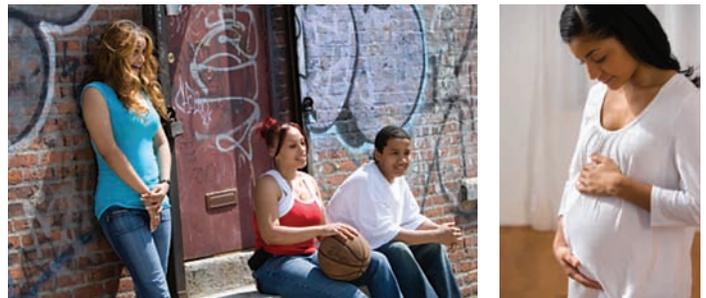
Chlamydia is usually asymptomatic—up to 96% of men and women with genital chlamydia infections have no symptoms.⁴⁻⁷ Thus, screening of sexually active people is vital to timely detection and treatment. Annual chlamydia screening is recommended for all sexually active females aged 25 years and younger. Yet fewer than half of sexually active female adolescents are tested annually for chlamydia in NYC.⁸

There are currently no guidelines for screening males, but based on the 2006 STD Treatment Guidelines newly released by the Centers for Disease Control and Prevention (CDC) (**Resources**), chlamydia screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia, such as adolescent clinics, correctional facilities, and STD clinics. In NYC, the Department of Health and

Mental Hygiene (DOHMH) routinely screens men for chlamydia in its STD clinics, and all men 35 years and younger are screened for chlamydia at intake in NYC correctional facilities.

Most chlamydia cases are diagnosed in outpatient offices and clinics, hospitals, correctional facilities, and schools.³ Therefore, it is important for all providers to be knowledgeable about diagnosing, treating, and managing chlamydia.

Genital chlamydia infection can usually be treated with a single dose of azithromycin.⁹ Early treatment prevents complications, interrupts the transmission of chlamydia, and decreases the risk for HIV transmission.¹⁰



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ADOLESCENTS AND CHLAMYDIA

Approximately one third (29%) of reported cases in NYC in 2005 were among 15–19 year olds.³ For biological, behavioral, and developmental reasons, adolescents are at higher risk for chlamydia infection than other age groups.

Biologically, young women are especially vulnerable to chlamydia. The presence of columnar epithelium on the surface of the immature cervix makes young women highly susceptible to chlamydia infection.¹¹ As women mature, squamous epithelium, which is less susceptible to infection, becomes the primary cell type on the surface of the cervix.

Behaviorally, adolescents are vulnerable to STDs.

Approximately half of all NYC high school students have had sexual intercourse, with 12% of females and 24% of males reporting 4 or more lifetime sex partners.¹² Adolescents may experiment sexually, may be forced to have sex, or may succumb to peer pressure to have sex before they are prepared for it, and thus may be less likely to use condoms than older people.¹³

Developmentally, adolescents may not think as clearly as adults about the consequences of their actions, putting themselves at greater risk for acquiring an STD.^{11,13} Adolescents may not have adequate access to health care, or may be too embarrassed to speak to their provider about sexual activity, especially if the provider doesn't ask. Adolescents and their providers may not be aware that adolescents have the legal right in New York State to be tested and treated for STDs without parental consent or knowledge.¹⁴

Table 1. Take a sexual history from all patients 12 years and older

General Approach

- Protect confidentiality. Make sure adolescents know that you will not share information with parents regarding sexually transmitted infections.
- Be matter-of-fact, sensitive, and non-judgmental.
- Use simple terms and encourage questions from your patients.

Discuss the following:

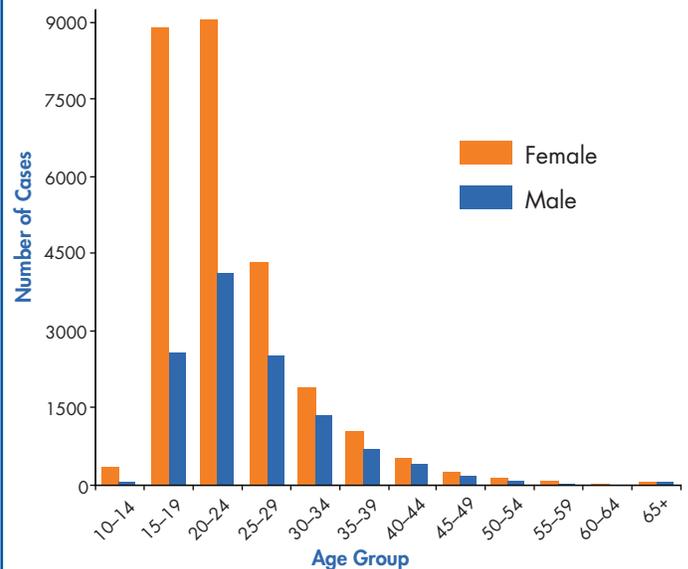
Sexual health is an important part of general health, so I always talk to my patients about it. I'd like to ask a few questions.

1. Have you ever had sex? Do you have sex with men, women, or both? Have you had sex in the vagina, anus, or mouth?*
2. Have you ever had a sexually transmitted disease?
3. I recommend that all of my patients who have had sex get tested for STDs, including chlamydia and HIV.
4. Do you use condoms? Latex condoms can prevent pregnancy and many STDs, including chlamydia. Hormonal birth control does not protect against STDs or HIV.
5. Have you ever been forced to have sex?†

*Note to providers: Knowing which types of sex/partners a person has had helps determine which STDs to test for, and which sites to test.

†Health care providers are mandated to report suspected sexual abuse in minors (**Resources**). Also, assistance is available for victims of sexual abuse (**Resources**).

Figure 1. Cases of Chlamydia Reported to the NYC DOHMH by Age and Sex, 2005³



COMPLICATIONS OF CHLAMYDIA

Reproductive Tract Sequelae

Untreated chlamydia is the leading cause of pelvic inflammatory disease (PID), which can result in inflammation and adhesions in the reproductive tract. Up to 40% of women with untreated chlamydia develop PID, which is associated with chronic pelvic pain, ectopic pregnancy, and infertility.^{5,15,16} One study showed that women who were screened and treated for chlamydia infection were half as likely to develop PID as women who were not screened, and thus not treated for chlamydia.¹⁷

Increased Risk of HIV

Compared to uninfected women, women with genital chlamydia are 2 to 4 times more likely to become infected with HIV if exposed; and people with HIV are more likely to transmit HIV when they have chlamydia or another STD.¹⁰

Complications During Pregnancy

Chlamydia infection during pregnancy can harm both mother and infant. Because of the high prevalence of chlamydia infection in women of child-bearing age, an estimated 100,000 neonates in the US are exposed during birth annually. Exposed infants may develop conjunctivitis, pneumonia, or other sequelae during the first few months of life.¹⁸ These conditions require antibiotic treatment for the infant, mother, and her partners, and may require infant hospitalization. Complications of infection in women during pregnancy can affect the fetus and neonate, and may include chorioamnionitis, vaginal bleeding, and preterm labor and delivery.

Screen the Following Groups for Chlamydia*†⁹

- All sexually active women aged 25 years and younger—at least annually
- Women over 25 years of age reporting sexual risk factors, such as a new sex partner or multiple sex partners
- Pregnant women:
 - At the first prenatal visit, and;
 - During the third trimester for those 25 years and younger or with risk factors such as a new sex partner or multiple sex partners
- Sexually active young men in clinical settings with a high prevalence of chlamydia (including adolescent clinics, STD clinics, and correctional facilities), should be considered for screening based on new CDC guidelines (**Resources**).
- Any patient who is diagnosed with gonorrhea, HIV, or syphilis¹⁹

- Men who have sex with men—screen at least annually:
 - If they report insertive intercourse during preceding year, test for urethral infection.
 - If they report receptive anal intercourse during preceding year, test for rectal infection.
- HIV-positive patients—screen on initial evaluation, at least annually if sexually active, more often if engaging in high-risk behavior.

Retesting Guidelines

- Women—retest approximately 3 months after treatment to check for reinfection. Repeat infections confer an elevated risk for PID and other complications.
- Men—some specialists recommend retesting men 3 months after treatment.

*In an effort to increase the screening of adolescents, the NYC DOHMH Bureau of Sexually Transmitted Disease Control has initiated the STD Education Screening and Treatment Project to provide free and confidential screening and case management for chlamydia and gonorrhea in the high school setting.

†Unless otherwise indicated, screening can be urine-based, cervical, or urethral.

TESTING

Nucleic acid amplification tests (NAATs), which can be performed using cervical, urethral, urine, and vaginal specimens, have become the preferred test types for chlamydia. NAATs are highly sensitive and specific. Urine-based NAATs have facilitated screening of asymptomatic patients because specimen collection does not require a pelvic exam or urethral swab. Other FDA-approved test technologies include cell culture, direct fluorescent antibody (DFA), enzyme immunoassay (EIA), and nucleic acid probes (DNA hybridization) (**Table 2**).

NAATs are the most sensitive tests available, but they are also more expensive than most other tests. A 2004 survey of New York State laboratories found that only 26% offered NAATs to test for chlamydia.²⁰ NAATs are not yet FDA-approved for respiratory (including oral pharyngeal), conjunctival, or rectal specimens.²¹ Currently available NAATs include strand displacement assay (SDA), polymerase chain reaction (PCR), and transcription-mediated amplification (TMA) assay.

TREATMENT

Uncomplicated genital chlamydia infections can be treated with 1 g of azithromycin in a single oral dose. Because adherence can be assured via direct observation, this single-dose regimen is strongly preferred. Doxycycline, 100 mg orally 2 times/day for 7 days, is equally effective if therapy is completed, although this regimen cannot be used in pregnant women or children younger than 8 years. Doxycycline may cause permanent staining of the teeth and retard bone growth in children, infants, and during fetal development. Alternative regimens are available (see 2006 CDC Sexually Transmitted Disease Treatment Guidelines pp. 39–40, **Resources**) but should be used only if the patient is allergic to or cannot tolerate the recommended therapy (**Table 3**). Patients infected with gonorrhea should be cotreated for chlamydia infection if chlamydia cannot be ruled out using a NAAT at the time of treatment for gonorrhea. In addition, patients diagnosed with chlamydia should be tested for other STDs, including HIV.

Clinical Presentations of Chlamydia in Adults and Adolescents

Most infected individuals are asymptomatic. The following may indicate chlamydia infection.

Women

- Abnormal vaginal discharge
- Cervicitis – purulent or mucopurulent cervical discharge visible in endocervix or on an endocervical swab, or sustained endocervical bleeding induced by passage of swab through cervical os
- Urethritis – inflamed urethra, with pain or burning upon urination
- Pelvic inflammatory disease (PID) – characterized by pelvic pain; lower abdominal and back pain; pain during intercourse; bleeding between menstrual periods; fever or nausea; uterine, adnexal, or cervical motion tenderness on pelvic exam
- Perihepatitis (Fitz-Hugh-Curtis Syndrome) – a syndrome characterized by right upper quadrant pain, nausea, vomiting, fever
- Proctitis – rectal discharge, bleeding, pain during defecation, tenesmus
- Conjunctivitis – inflamed eyelids and conjunctivae

Men

- Urethritis – urethral inflammation with possible purulent or mucopurulent discharge, dysuria, or urethral pruritis
- Epididymitis – pain or tenderness in the testicles
- Proctitis – rectal discharge, bleeding, pain during defecation, tenesmus
- Conjunctivitis – inflamed eyelids and conjunctivae

TABLE 2: Chlamydia Tests²²

FDA-approved for the following specimen types	Nucleic Acid Amplification Tests (NAAT)	Cell Culture	Direct Fluorescent Antibody (DFA)	Enzyme Immunoassay (EIA)	Nucleic Acid Probe / DNA Hybridization
Endocervical	✓	✓	✓	✓	✓
Male urethral	✓	✓	✓	✓	✓
Female urethral		✓	✓		
Male urine	✓			✓	
Female urine	✓				
Patient/clinician collected vaginal specimens	✓	✓			
Rectal		✓	✓		
Nasopharyngeal		✓ (infants)	✓		
Conjunctival		✓	✓	✓	✓
Sensitivity	90%–95%	50%–85%	65%–75%	65%–75%	65%–75%
Specificity	99%–100%	99%–100%	95%–98%	95%–98%	95%–98%
Advantages	<ul style="list-style-type: none"> • Most sensitive • Approved for urine specimens • Refrigeration during transport not required for up to 48 hours for some tests • Single specimen for chlamydia and gonorrhea 	<ul style="list-style-type: none"> • Currently most highly recommended for use in cases of possible sexual abuse or assault 	<ul style="list-style-type: none"> • Refrigeration during transport not required • Relatively inexpensive 	<ul style="list-style-type: none"> • Semiautomated • Refrigeration during transport not required • Relatively inexpensive 	<ul style="list-style-type: none"> • Semiautomated • Refrigeration during transport not required • Relatively inexpensive • Single swab for chlamydia and gonorrhea
Disadvantages	<ul style="list-style-type: none"> • Contamination possible if specimen not handled properly • More costly than other chlamydia test types except cell culture 	<ul style="list-style-type: none"> • Less sensitive than NAATs • Longer turn-around time • Technically difficult • Specimen transport, storage times, and temperatures critical • Submission and analysis within 48 hours necessary • Refrigeration desirable • Expensive 	<ul style="list-style-type: none"> • Less sensitive than NAATs • Labor-intensive 	<ul style="list-style-type: none"> • Less sensitive than NAATs • Confirmatory testing recommended • Dual test for chlamydia and gonorrhea not available 	<ul style="list-style-type: none"> • Less sensitive than NAATs • Confirmatory testing recommended

TREAT SEX PARTNERS

Reinfection within 6 months of initial chlamydia infection is common because patients often resume sex with an infected partner.²³ It is important to treat sex partners in order to reduce the spread of disease and to prevent reinfection.

Sex partners should be examined, tested, and presumptively treated if they have had sex (protected or unprotected) during the 60 days preceding a patient's symptom onset or date of positive chlamydia test. If the last sexual contact was more than 2 months prior to the patient's symptom onset/diagnosis, the most recent sex partner should still be evaluated. Female partners should be evaluated for signs and symptoms of cervicitis and PID.

Counsel patients to notify their sex partners of the infection, and to encourage their partners to be evaluated and treated. The NYC DOHMH, Bureau of Sexually Transmitted Disease Control, is available to provide consultation on partner notification activities (**Resources**). In some states, providers may use expedited partner therapy (EPT), which is defined as dispensing STD medications or prescriptions to patients to give to their partners. Although CDC endorses this practice for chlamydia and gonorrhea, it is presently not legal in New York State.

TABLE 3. Chlamydia Treatment Regimen*⁹
Recommended Regimen

Drug	Dosage
Azithromycin	1 g orally—single dose
Doxycycline	100 mg orally 2 times/day for 7 days

Recommended Regimen for Pregnant Women[†]

Drug	Dosage
Azithromycin	1 g orally—single dose
Amoxicillin	500 mg orally 3 times/day for 7 days

* For recommended alternative regimens see 2006 CDC Sexually Transmitted Disease Treatment Guidelines pp. 39–40 (**Resources**)

† Retest pregnant women 3–4 weeks after they complete therapy for test-of-cure.

SUGGESTED PROVIDER PRACTICES

1. Take a sexual health history from all patients 12 and older (Table 1, p. 66).

2. Tell your patients the following:

- Most people with genital chlamydia infection do not have any symptoms.
- Before beginning a sexual relationship, you and your partner(s) should get checked for STDs, including chlamydia and HIV.
- If you are infected with chlamydia, it's important that your partner(s) be tested and treated. Let's discuss that.
- If you are treated for chlamydia, don't have sex until you and your partner(s) have completed treatment with a

multiple-dose regimen, or until 7 days after single-dose therapy. Do not have sex if you are having symptoms.

- Free and confidential STD services, including HIV testing, are available at NYC DOHMH STD clinics (**Resources**).
- Reinfection with chlamydia can occur. Get retested 3 months after treatment.
- Not having sex or reducing the number of partners can reduce the risk of infection and/or reinfection.
- Use of hormonal birth control alone does not protect against STDs or HIV. It's important to use a condom every time you have sex. Free condoms are available through the DOHMH (**Resources**).
- Alcohol, drug use, and depression can increase the risk of unsafe sex.

3. Minors can provide their own consent.

In New York State, minors have the right to consent to certain health services without parental permission or knowledge.^{14,24-27}

These services include:

- Pregnancy testing²⁴
- Prenatal care²⁴
- Testing for HIV²⁵
- Contraception, including emergency contraception²⁶
- Abortion²⁷
- Testing and treatment for sexually transmitted infections¹⁴

While no minimum age is specified and each situation should be considered individually, a child younger than 12 years would generally be considered not to have the capacity for informed consent.

Table 4. Sexually Transmitted Diseases That Must Be Reported in NYC*

Reported Cases, 2005	Total	Female	Male
Chlamydia	39,215	26,946	12,242
Gonorrhea	10,596	5,051	5,540
HIV/AIDS (2004)	3,653	1,151	2,502
Syphilis (all stages)	3,187	856	2,331
Hepatitis A[†]	286	130	156
Hepatitis B[†]	132	40	92
Lymphogranuloma venereum	28	0	28
Chancroid	1	0	1
Granuloma inguinale	0	0	0
Neonatal herpes[‡]	N/A	N/A	N/A

* Total case numbers include unknown gender.

† Please refer to 2006 CDC STD Treatment Guidelines pp. 69–76 for Hepatitis A and B vaccination recommendations (**Resources**).

‡ Made reportable in 2006; no data available for 2005.

4. Report all cases of chlamydia to the NYC DOHMH.

- By law, providers are required to report diagnoses of chlamydia and 9 other STDs to the NYC DOHMH (Table 4).
- Sexually transmitted herpes simplex virus 1 (HSV-1) and 2 (HSV-2) and human papillomavirus (HPV)

infections, although not reportable, are far more common than any of the reportable STDs.

- The universal report form (URF) for any STD can be obtained by calling NYC DOHMH at (866) 692-3641 or at www.nyc.gov/html/doh/html/hcp/hcp-urf.shtml. ♦

Resources

For Medical Providers

- Centers for Disease Control and Prevention Sexually Transmitted Disease Treatment Guidelines, 2006 www.cdc.gov/std/treatment/default.htm
- American College of Obstetricians and Gynecologists (202) 638-5577 or www.acog.org
- American Academy of Pediatrics (847) 434-4000 or www.aap.org
- National Network of Prevention Training Centers <http://depts.washington.edu/nnptc>
- Region II STD/HIV Prevention Training Center (regional provider training center) (212) 788-7466 or www.nyc.gov/html/doh/html/std/ptc.shtml
- Region II STD/HIV Prevention Training Center, The ABCs of Chlamydia (online chlamydia course): www.nyc.gov/html/doh/html/std/std-chlamydia-abc.shtml
- Infertility Prevention Project (nationally funded project to decrease chlamydia prevalence) (212) 594-7741 or www.cicatelli.org/IPP

- New York State Office of Child and Family Services—Child Protective Services (800) 635-1522 or www.ocfs.state.ny.us
- New York City Department of Health and Mental Hygiene Condom Distribution Program: <https://a816-health17ssl.nyc.gov/CondomOrder>

For Medical Providers and Patients

- New York City Department of Health and Mental Hygiene Bureau of Sexually Transmitted Disease Control Call 311 or www.nyc.gov/html/doh/html/std/std.shtml
- Centers for Disease Control and Prevention Division of Sexually Transmitted Disease Prevention (800) 232-4636 or www.cdc.gov/std
- American Social Health Association (919) 361-8400 or www.ashastd.org
- Health Information Tool for Empowerment (HITE) (online directory of health and social services in NY) www.hitesite.org
- New York City Domestic Violence Hotline (800) 621-HOPE/(800) 621-4673

References Available Online: www.nyc.gov/html/doh/downloads/pdf/chi/chi25-9-ref.pdf

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CME Activity Chlamydia Testing and Treatment

1. Adolescents are at greater risk for chlamydia infection than other age groups because:

- A. They may not appreciate the consequences of their actions and may be less likely to plan for sex and use protection.
- B. Female adolescents have columnar epithelium cells on the surface of the cervix that are highly susceptible to infection.
- C. Adolescents often have multiple partners, with 12% of NYC high school females and 24% of NYC high school males reporting 4 or more lifetime sex partners.
- D. All of the above.

2. All are true about treatment of chlamydia infection EXCEPT:

- A. Chlamydia infection can be treated with a single 1 g dose of the antibiotic azithromycin.
- B. Treating the infection results in long-term immunity to reinfection with chlamydia.
- C. Persons who have had sexual contact within the past 2 months with someone later diagnosed with chlamydia should be evaluated and presumptively treated.
- D. Doxycycline should not be used for treating chlamydia infection in pregnant women.

3. Complications from untreated chlamydia infection are known to include all of the following EXCEPT:

- A. Infertility in women.
- B. Neonatal pneumonia.
- C. Penile cancer.
- D. Enhanced transmission of HIV.

4. Since chlamydia infection is often asymptomatic, diagnosis and timely treatment depend on screening for genital chlamydia. Which of the following groups should be screened?:

- A. All pregnant women during the first prenatal visit.
- B. At least annually for sexually active men who have sex with men.
- C. Sexually active women aged 25 and younger, annually, and women over 25 with risk factors.
- D. All of the above.

5. Nucleic acid amplification tests (NAATs) for the diagnosis of chlamydia infection are superior to other testing modalities such as culture or non-amplified nucleic acid testing because:

- A. NAATs can be used on urine specimens, thus don't require a physical exam.
- B. NAATs are extremely sensitive. Sensitivities range from 90%–95%.
- C. NAATs are approved for a wide range of specimen types, including self-collected vaginal swabs.
- D. All of the above.

6. How well did this continuing education activity achieve its educational objectives?

- A. Very well B. Adequately C. Poorly

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Instructions

Read this issue of *City Health Information* for the correct answers to questions. To receive continuing education credit, you must answer 4 of the first 5 questions correctly.

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3. Return the response card (or a photocopy) postmarked **no later than October 31, 2007**. Mail to:

CME Administrator, NYC Dept. of Health and Mental Hygiene,
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Visit www.nyc.gov/html/doh/html/chi/chi.shtml to complete this activity online. Your responses will be graded immediately, and you can print out your certificate.

Continuing Education Activity

Chlamydia Testing and Treatment

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CITY HEALTH INFORMATION

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Objectives

At the conclusion of the activity, the participants should be able to:

1. Understand why adolescents are especially vulnerable to chlamydia genital infection.
2. List 3 complications of untreated *Chlamydia trachomatis* genital infection.
3. Describe screening recommendations for chlamydia as per the CDC 2006 STD Treatment Guidelines.

Accreditation

The DOHMH is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The DOHMH designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credits*[™]. Each physician should claim only those hours of credit that were spent on the educational activity.

Participants are required to submit name, address, and professional degree. This information will be

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We will not share information with other organizations without your permission, except in certain emergencies when communication with health care providers is deemed by the public health agencies to be essential or when required by law.

Participants who provide e-mail addresses may receive electronic announcements from the Department about future CME activities as well as other public health information.

Participants must submit the accompanying exam by October 31, 2007.

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Recant, R.

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