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Aerospace Medicine

**PREVENTION AND CONTROL OF SEXUALLY
TRANSMITTED DISEASES**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Lt Col Michael D. Parkinson)
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This instruction implements AFR 48-1, *Aerospace Medical Program*. It establishes procedures for preventing and controlling sexually transmitted diseases (STD) among Air Force beneficiaries. See **Attachment 1** for a glossary of references, abbreviations, acronyms, and terms used in this instruction.

SUMMARY OF REVISIONS

This is the initial publication of AFI 48-106, superseding AFR 161-7, and aligns with AFR 48-1. It substantially updates, clarifies, and streamlines previous guidance.

Section A—Responsibilities

1. HQ USAF:

- 1.1. The Surgeon General (HQ USAF/SG) establishes policies for surveillance and treatment of STDs.
- 1.2. HQ AFMOA/SGPA provides STD prevention and control guidelines, reviews the guidelines annually, and updates them as necessary.

2. Installations:

- 2.1. The medical treatment facility commander ensures that health care providers refer patients with STDs to Military Public Health (MPH) for contact interview, education, and follow-up including test of cure (TOC) cultures and appropriate syphilis serology.
- 2.2. Military Public Health tracks all STD patients, monitors and reports STD prevalence rates to the Chief, Aerospace Medicine, and completes the STD Prevention and Control Annual Report.
- 2.3. The clinical laboratory reports any findings of reportable STDs to the health care provider and MPH by the next duty day and conducts appropriate sensitivity testing of gonorrhea isolates.

2.4. The Epidemiologic Research Division (AL/AOE) monitors STD trends and analyzes annual STD reports.

2.5. ANG Medical Units. Sexually transmitted diseases identified during routine medical examinations are referred to MPH for reporting only. No treatment of STDs is conducted in ANG Medical Units. MPH conducts proper reporting of STDs to state officials. MPH provides education to the base populations on the prevention and control of STDs. MPH provides advice and consultation to the medical treatment facility on STDs upon request.

Section B—Prevention and Control Plan

3. Components of the STD Control Program. The program includes patient education, disease detection, appropriate treatment, contact identification, counseling, and timely follow-up.

3.1. Educational Programs. Establish educational programs that stress avoiding sexual intercourse with multiple partners, anonymous partners, prostitutes, and other individuals with multiple partners. Emphasize the importance of using condoms and diaphragms (in combination with spermicides).

Section C—Program Elements

4. Referral:

4.1. Providers refer all patients with STDs to MPH for education and contact tracing.

4.2. Refer all sexual contacts of patients with STDs for medical care and counseling through formal interviewing, contact tracing, and STD patient referral. Interviews, contact notification and record keeping will protect patient confidentiality.

5. Treatment:

5.1. Treatment for sexually transmitted diseases follows CDC recommendations published in the most recent Morbidity and Mortality Weekly Report (MMWR) and Control of Communicable Diseases in Man.

5.2. All patients and their sexual contacts treated for gonorrhea must receive concurrent treatment for chlamydial infections.

6. Testing:

6.1. Test all STD patients for HIV infection.

6.2. Perform TOC cultures on patients with gonorrhea if they are taking antibiotics not currently recommended by CDC.

6.3. Use appropriate serological tests to screen STD patients for syphilis. Make sure that patients who are not treated with antibiotics that cure incubating syphilis get a 90-day serology follow-up.

6.4. Test serologically the household and sexual contacts of a hepatitis B carrier or of a patient with acute hepatitis B. Advise them to get a hepatitis B vaccination or hepatitis B immune globulin, or both.

7. Reporting. Inform higher headquarters and applicable public health agencies of all cases of reportable STDs (**Table 1.**).

Table 1. Time Required For Contact History.

Type	Time Required For Sexual Contact History
Reportable STDs:	1 Year
Acquired Immunodeficiency Syndrome (AIDS) and Human	30 Days
Immunodeficiency Virus (HIV) Infection	30 Days
Chlamydial infections, including:	60 Days
Nongonococcal Urethritis (NGU)	60 Days
Pelvic Inflammatory Disease (PID)	30 Days
Acute Salpingitis (AS)	3 Months
Gonorrhea	6 Months
Syphilis, Primary	1 Year
Syphilis, Secondary	Parents
Syphilis, Latent	6 Months and current
Syphilis, Congenital	Household Contacts
Hepatitis B	2 Weeks
Chancroid	2 Months
Lymphogranuloma Venereum	2 Months
Granuloma Inguinale	
Nonreportable STDs:	30 Days
Genital and Anal Warts	Seldom of Value
Genital Herpes Simplex Infection	30 Days
Nongonococcal Urethritis of Indeterminate Etiology	2 Weeks
Pediculosis Pubis	2 Weeks
Scabies	All current Household Contacts

7.1. Identify the civilian sexual contacts of confirmed STDs to the city, county, state, territory, possession, or country health authority responsible for communicable disease control, when the STD is reportable in the jurisdiction of the MTF. **Note: It is important to indicate "reportable in jurisdiction of MTF".**

7.2. In overseas areas, report sexually transmitted diseases to the communicable disease or public health authority of the host country in accordance with that country's policies and procedures. Send

your surveillance data, including the prevalence of antibiotic resistance patterns, to the same authorities in accordance with existing agreements between the host country and the US Armed Forces.

7.3. Both clinicians and laboratories must report sexually transmitted diseases. Inform MPH within 48 hours of all reportable STD diagnoses and positive laboratory results of reportable STDs in order to speed up contact investigation and keep the disease from spreading. During normal duty hours, send patients to MPH for contact identification before administering treatment to make sure these interviews are done promptly.

7.4. Report to the Epidemiologic Research Division, Armstrong Laboratory (AL/AOE), at once if you suspect or confirm that the incidence of any reportable STD or the antibiotic-resistance patterns of STDs is increasing more rapidly than expected. Report by telephone or fax for confirmation, investigation, and appropriate action.

Section D—Prevention and Control Program Evaluation

8. Annual Report. Each medical treatment facility (MTF) completes RCS: HAF-SGP(A)9214, *Annual Report of the STD Prevention and Control Program* (**Attachment 2**) by January of the following calendar year. MAJCOMs consolidate and forward MTF-specific reports to the AL/AOE by 28 February of the following calendar year. Discontinue reporting during emergency conditions.

8.1. Summary Report. AL/AOE provides a summary analysis of STD Prevention and Control Program reports to HQ AFMOA/SGPA and each MAJCOM SGPM by 31 March of the following calendar year.

ALEXANDER M. SLOAN, Lt General, USAF, MC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

AFPD 48-1, *Aerospace Medical Program*

Abbreviations and Acronyms

AFMOA—Air Force Medical Operations Agency

AL—Armstrong Laboratory

APHA—American Public Health Association

AS—Acute Salpingitis

CDC—Centers for Disease Control

HIV—Human Immunodeficiency Virus

MAJCOM—Major Command

MMWR—Morbidity and Mortality Weekly Report

MPH—Military Public Health

MTF—Medical Treatment Facility

NGU—Nongonococcal Urethritis

PID—Pelvic Inflammatory Disease

STD—Sexually Transmitted Disease

TOC—Test of Cure

Nonreportable STDs—You may refer patients with these diseases to MPH for education, sexual contact identification, treatment, and follow-up as appropriate for a particular STD, at your discretion.

Reportable STDs—Refer patients with diseases listed as reportable in **Table 1.** to Military Public Health (MPH) for sexual contact identification, evaluation, education, and annual reporting.

Sexually Transmitted Diseases (STDs)—Infectious diseases commonly transmitted by sexual intercourse. Examples of these diseases are listed in **Table 1.**

Attachment 2

RCS: HAF-SGP(A)9214, ANNUAL REPORT OF THE STD PREVENTION AND CONTROL PROGRAM, FORMAT

BASE:

YEAR:

STD:

NUMBER OF CASES:

Active Duty Cases:

Dependents/Retirees Cases:

HIV/AIDS newly diagnosed *

Chlamydial infections

Laboratory-diagnosed

NGU

PID/AS

Syphilis: Primary and Secondary

Congenital Syphilis

Gonorrhea: Smear or

Culture Positive

Ceftriaxone Resistant

Gonorrhea Isolates

Hepatitis B*

Chancroid

Lymphogranuloma Venereum

Granuloma Inguinale

Base midyear population

BASE:

YEAR:

* Report cases of HIV/AIDS and hepatitis B even if transmission was by nonsexual means.