



From the Director Dr. Jonathan Mermin



On June 9, CDC released the [2015 National Youth Risk Behavior Survey \(YRBS\)](#). The YRBS provides essential data to guide our public health work to reduce risk behaviors among our nation's young people. In addition to monitoring behaviors such as tobacco use, diet, and physical activity, we also monitor sexual and drug use risk behavior. The most recent sexual risk behavior data show youth at continued risk for unintended pregnancy and sexually transmitted diseases including HIV. The proportion of high school students who are currently sexually active has declined (38 percent [1991] compared to 30 percent [2015]); however, among these students condom use has also declined (63 percent [2003] to 57 percent [2015]), and more than one in five currently sexually active students report drinking alcohol or using drugs before sex (21 percent). In addition, HIV testing among all students has declined (13 percent [2011] to 10 percent [2015]). These data are a call to action to ensure our efforts provide youth with the knowledge and skills to avoid HIV, STDs and pregnancy and protect their health now and in the future.

New from CDC

- [Self-Study Modules on Tuberculosis, 1-5](#)
- [2015 National Youth Risk Behavior Survey \(YRBS\)](#)
- [MMWR Evaluation of the Impact of National HIV Testing Day — United States, 2011–2014](#)
- [MMWR Health Care Use and HIV Testing of Males Aged 15–39 Years in Physicians' Offices — United States, 2009–2012](#)
- [National African American Hepatitis C Action Day Toolkit](#)

HIV among Adolescents and Young Adults Surveillance Report

Also in June, CDC released a new HIV surveillance supplemental report on adolescents and young adults, [Diagnoses of HIV Infection among Adolescents and Young Adults in the United States and Dependent](#)



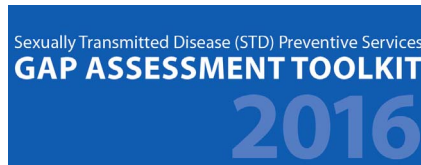
[Areas, 2010–2014](#). The report presents data of HIV diagnoses and prevalence of HIV infection among adolescents and young adults aged 13–24 years in the United States, and 6 U.S. dependent areas. In the United States, young people aged 13 to 24 accounted for an estimated 22% of all HIV diagnoses and had the second highest rate of diagnoses (34.3 per 100,000) in 2014. These numbers are high, but estimated rates for persons aged 13–19 decreased and rates for young adults aged 20–24 remained stable from 2010–2014. Black/African American adolescents and young adults continue to be disproportionately affected accounting for 55% of diagnoses, compared to 23% of Hispanics/Latinos, and 17% of whites. And young gay and bisexual men remain particularly affected, accounting for 66% of all HIV diagnoses. This report complements the [2014 HIV Surveillance Report](#).

Upcoming Events

- [2016 International AIDS Conference](#)
- [2016 National STD Prevention Conference Registration](#)
- July 25, 2016:** [African American Hepatitis C Action Day](#)
- July 28, 2016:** [World Hepatitis Day](#)

STD Preventive Services Gap Assessment Toolkit

CDC's [STD Preventive Services Gap Assessment Toolkit](#) is now available online. This toolkit is a general resource for health departments, community-based organizations, and others that provide STD-related or other health services. Using this gap assessment tool will help uncover the scope and distribution of STD prevention and care services in a given geographic area or for a specific population or a combination of the two. The tool can also help document how and where STD prevention services are interlinked with other health care, promotion, and social services in a given area. Although STD programs constitute the primary audience for this toolkit, the material may be used to guide gap assessments by other organizations and in other content areas.



On the Web

STD Success Stories

Effective care for patients with treatable STDs like chlamydia and gonorrhea means their sex partners need to be treated, too. This prevents reinfection, stops the disease from spreading further, and prevents long term damage to a woman's reproductive system. But ensuring that a partner gets the right treatment or medicine can be tricky — and failing to do so means that the STD can continue to spread.

That's where Expedited Partner Therapy (EPT) comes in.

When clinicians use EPT, they give the patient diagnosed with an STD a prescription for themselves, and another to give to their partner. In other words, the doctor provides treatment without seeing the partner. This allows partners to receive treatment quickly and prevents the need for a potentially complicated notification process.