



# NAVAJO NATION

## CHR/Outreach Program/Social Hygiene

PO Box 1337/Dept. #53 \* Gallup Social Hygiene Branch \* (505) 722.1740  
fax\* 863.4884

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### **Sexually Transmitted Control Program Social Hygiene Branch Year 2009 Annual Report**

The Navajo Social Hygiene STD Program facilitates early detection, intervention and prevention of STD transmission on or near the Navajo Nation.

The Social Hygiene Program was established on the Navajo Nation and with approval and acceptance by the Navajo Tribal Council Resolution CF-20-77. Thereafter, the Social Hygiene STD Program established field offices and field staff at the six Navajo Area Indian Health Services (NAIHS) facilities, and includes (1) Kayenta, (1) Chinle, (1) Fort Defiance in Arizona; (1) Shiprock, (1) Crownpoint and (2) Gallup of New Mexico. Two PL#638 Facilities are (1) Tuba City Regional Health Care Corporation and (1) Winslow Indian Health Care Center, Inc. The Navajo STD Project Area covers 27,000 square miles/17.5 million acres, with a reservation population of 237,000 residents.

The past Year 2009 marked the 39<sup>th</sup> year for the Social Hygiene STD Control Program, with significant years of syphilis increase in year(s) 1969, 1980, 1986 and 2001 to the present year. During the increase of syphilis, the Social Hygiene Program, the Navajo Area Indian Health Services, National Center for Disease Control, the State of Arizona, New Mexico, Utah and Colorado developed Memorandum of Agreements with initial syphilis surveillance, planning and implementation, plus the clinical Navajo Area Indian Services protocols to bring syphilis/HIV transmission under management control.

To increase the Scope of Services, the Social Hygiene Program has designed to improve the STD Health status for the Navajo population through provisions of basic STD Casefinding/Management epi-surveillance. The Social Hygiene STD Central Registry System allows for efficient and effective STD intervention, prevention and for outreach activities. The system is used to estimate disease burden, acquire and allocate sources, detect trends and identify risk factors associated with disease occurrence. The epi-surveillance system facilitates improvement performance of the field staff by monitoring the quality and performance of staff in accordance with the Social Hygiene Process Performance Standards (PPS) which guides the STD services, and used as a model for other Indian Country for proposing effective STD collaboration and coordination with the State STD Programs.

This report highlights the impact of STDs among our Navajo residents, further the information are in the graphs and tables herein, highlighting the increase numbers of

STDs affecting our Navajo Nation, all data are from the Social Hygiene STD Registry System. Through this report, we will disseminate pertinent data to the public and leadership. Information will promote a dialogue through the Memorandum of Agreements about disease prevention; promote medical treatment services and improvement of sexual health.

In summary, the Navajo Area Indian Health Services provided leadership with improvement in treatment rates and confidentiality by assisting with the Expedited Partner Therapy, syphilis treatment in the field and HIV testing in the clinics. The Stomp-Out-Syphilis Outreach (SOS) syphilis/HIV testing campaign in collaboration with the community-based organizations to provide and develop patient education to discuss healthy sexuality plus discussing intergeneration trauma. Lastly, to address STD disparities in detoxification centers, tribal jails and surrounding bordertowns.

**Persons Served Year 2009:**

Total number of gc/ct. screening is 52,517 tests and a total number of 2,149 positive gc/ct. cases were found through our screening program. Total number of twenty thousand one hundred eighty-seven (20,187) syphilis blood tests was performed, with two hundred thirty-four (234) positive reactors. Eighty (80) patients were placed under epi-treatment. In addition, three thousand four hundred eighty (3,480) STD investigations, these investigations includes sixty (60) named contacts, suspects and associates from the original and re-interviews. The HIV Testing Program has tested fifteen thousand three hundred seventy-four (15,374) clients with thirty (30) new HIV reported cases.

**Year Cases**

<b>2001</b>	<b>32</b>	<b><u>Prescribed by Casefinding/Management Protocols:</u></b> At the end Year-2002, the number of syphilis cases had increase to (66) cases. During Year(s) 2003-2005, (219) cases were reported, with (8) eight patients co-infected with HIV. For Year 2006, (85) cases were followed; this is 37 per 100,000. Years 2007-2008, (115) cases, with a 26% decreased. In closing, the SH-STDP will continue to utilize the prescribed Syphilis Management Protocols for syphilis elimination. For Year 2009: (35) cases have followed up with a 29% decrease in morbidity.
<b>2002</b>	<b>34</b>	
<b>2003</b>	<b>89</b>	
<b>2004</b>	<b>71</b>	
<b>2005</b>	<b>59</b>	
<b>2006</b>	<b>85</b>	
<b>2007</b>	<b>66</b>	
<b>2008</b>	<b>49</b>	
<b>2009</b>	<b>35</b>	
<b>TOTAL</b>	<b>520</b>	

**By State:**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>NM</b>	10	16	50	40	47	66	40	30	19
<b>AZ</b>	22	18	32	32	12	19	26	19	16
<b>UT</b>	00	00	07	01	00	00	00	00	00
<b>TOTAL</b>	<b>32</b>	<b>34</b>	<b>89</b>	<b>71</b>	<b>59</b>	<b>85</b>	<b>66</b>	<b>49</b>	<b>35</b>

TOTAL: 520

Prepared by: Larry P. Foster, STD/C  
Gallup Social Hygiene Branch  
(505) 722.1740



