

Chlamydia Challenge

A NEWSLETTER OF THE REGION VI INFERTILITY PREVENTION ADVISORY COMMITTEE (RIPAC) | ARKANSAS, LOUISIANA, NEW MEXICO, OKLAHOMA & TEXAS

During 2007, the CDC received reports of 1.1 million cases of sexually transmitted chlamydia, making it 'the largest number of cases ever reported to the CDC for any condition.



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CHLAMYDIA CHALLENGE

It is estimated that there are 2.8 million new cases of Chlamydia each year. Pregnancy or possible pregnancy provides an excellent opportunity for Chlamydia screening.

PREGNANCY TEST ONLY (PTO) IN FAMILY PLANNING CLINICS

By Jennifer Curtiss, M.Ed, Texas Infertility Prevention Project Coordinator

Chlamydia remains the most commonly reported infectious disease in the United States. In 2006, more than a million Chlamydia diagnoses were reported. Even so, most Chlamydia cases go undiagnosed. It is estimated that there are approximately 2.8 million new cases of Chlamydia in the United States each year¹. Chlamydia is often asymptomatic in women, leading to delays in testing and treatment and, therefore, to an increase in the chances of complications such as infertility. New STD testing technologies (e.g., nucleic amplification) and increased sample options (e.g., endocervical, urine, vaginal) can expand screening options to detect more disease.

Pregnancy or possible pregnancy provides an excellent opportunity for Chlamydia screening. The reported prevalence of Chlamydia infections in pregnancy ranges from 5 to 30 percent depending on age and other risk factors². A client's request for a pregnancy test indicates possible unprotected sex. The Centers for Disease Control and Prevention (CDC) is interested in the Chlamydia positivity rate of females presenting in family planning clinics for a pregnancy test

only (PTO). The urine based amplified STD test presents an opportunity for dual testing – pregnancy plus gonorrhea (GC) and Chlamydia (CT).

Regional Studies

Regional Infertility Prevention Project (IPP) studies assessing Chlamydia positivity among pregnancy test only family planning clients have been done in Regions V and IX. Neither of these studies has been published, so no evidence based conclusions can be drawn. However, preliminary findings indicate that Chlamydia positivity rate is high. One researcher commented that given the results of these data, IPP may want to consider PTO clients as high priority.

This year in our own Region VI, three states – Louisiana, Oklahoma, and Texas – completed a demonstration project for Chlamydia positivity in family planning PTO clients. As in other Regions, the reports have not been published, but preliminary data are compelling.

PTO CLIENTS

CHLAMYDIA CHALLENGE

(PTO Clients —continued from page 2)

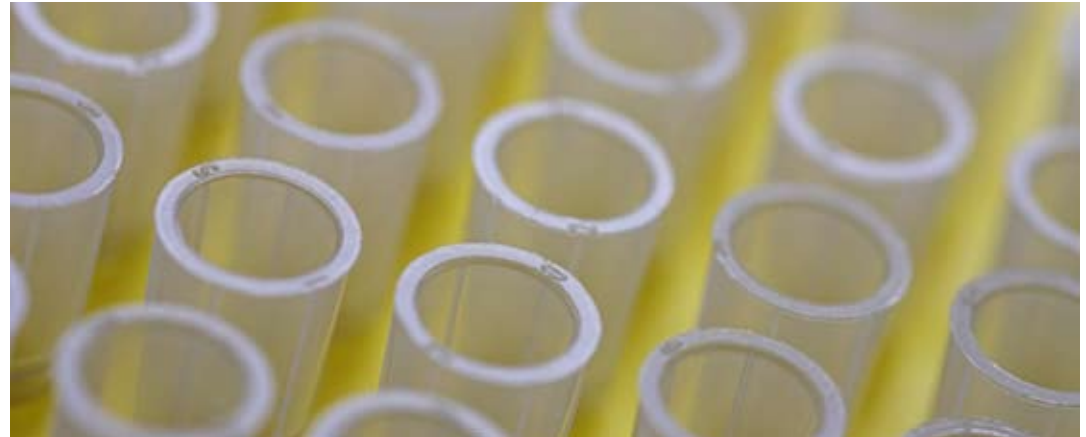
Region VI IPP PTO in family planning clinics: CT positivity by state:

Louisiana CT positivity 16.2% (n =173)

Oklahoma CT positivity 11.5% (n = 182)

Texas CT positivity 7.8% (n = 151)

The overall age range for the above data was 15 – 44. Not surprisingly, when the data are focused on females 20 years of age and younger, the positivity rates are much higher. Certainly, these early data on PTO clients merit further study, and possibly a new IPP emphasis — depending on resources — for screening PTO clients.



TEXAS

CT Total Tests	151	CT Positivity	7.8%
GC Total Tests	151	GC Positivity	3.9%

DEMOGRAPHICS

Age	% Sample	CTPositivity
<20	39%	10.5%
20-24	41%	10.0%
>24	20%	0.0%

Race	% Sample	CTPositivity
White	80%	10.3%
Non-White	20%	0.0%

Texas results differ from OK and LA, possibly due to sample size.

RISK INDICATORS

New Sex Partner	% Sample	CT Positivity
Yes	24%	8.3%
No	76%	7.7%

Multiple sex partners	% Sample	CT Positivity
Yes	4%	0.0%
No	96%	8.2%

How many sex partners past year	% Sample	CT Positivity
1	71%	8.3%
2 or more	29%	6.7%

CT/GC in past year	% Sample	CT Positivity
Yes	6.0%	18.2%
No	94%	16.1%

Sex partner with concurrent sex partner in past year	% Sample	CT Positivity
Maybe/yes	39%	5.0%
No	61%	9.7%

(continued on page 4)

PTO CLIENTS

(PTO Clients —continued from page 3)

CHLAMYDIA CHALLENGE

LOUISIANA

CT Total Tests	173	CT Positivity	16.2%
GC Total Tests	173	GC Positivity	2.3%

DEMOGRAPHICS

Age	% Sample	CTPositivity
15-19	30%	21.6%
20-24	46%	12.7%
25-29	19%	18.8%
<29	6%	9.1%
Race	% Sample	CTPositivity
Non-Hispanic White	47%	9.9%
Non-Hispanic Black	53%	22%*

*statistically significant, $p < 0.05$

RISK INDICATORS

New Partner	% Sample	CT Positivity
Yes	11%	31.6%
No	89%	14.3%

Multiple sex partners	% Sample	CT Positivity
Yes	4.0%	16.7%
No	96%	16.2%

Symptomatic sex partner	% Sample	CT Positivity
Yes	3%	40%
No	97%	15%

CT/GC in past year	% Sample	CT Positivity
Yes	6.0%	18.2%
No	94%	16.1%

How many sex partners past year	% Sample	CT Positivity
1	71%	12.5%
2	21%	28.6%
3 or more	8%	21.4%

OKLAHOMA

CT Total Tests	182	CT Positivity	11.5%
GC Total Tests	182	GC Positivity	2.7%

DEMOGRAPHICS

Age	% Sample	CTPositivity
<18	16%	13.8%
18-19	15.0%	14.8%
20-24	43.0%	15.4%
25-29	11.0%	3.6%
>29	11.0%	0.0%
Race	% Sample	CTPositivity
White	60.0%	7.3%
Black	17.0%	16.1%
American Indian	10.0%	16.7%
Hispanic	7.0%	25.0%
Other	6.0%	18.2%

Note for OK: Four out of five persons positive for GC also had Chlamydia. Four out of five persons positive for GC were Black. GC positivity ranged across age groups.

In summary:

Across the three states CT positivity ranged from 7.8% in TX to 16.2% in LA. Results are consistent with other young women seeking reproductive health services. In general, age and racial/ethnic associations with STI were consistent with other IPP populations.

¹ Centers for Disease Control and Prevention, Surveillance Report 2006
www.cdc.gov/std/stats/trends2006.htm

² California Chlamydia Action Coalition.
www.igh.org/castd/chlamydia_coalition.html



2008 ACCOMPLISHMENTS

By Jennifer Curtiss, M.Ed, Texas Infertility Prevention Project Coordinator

We estimate that over 80% of Texas IPP testing is now amplified. The transition to amplified will continue through 2009.

In 2008, the Texas Department of State Health Services was involved with major events, including the Fundamentalist Church of Latter Day Saints investigation at Eldorado, Hurricane Ike's destruction, and division reorganization. The new DSHS reorganization structure will integrate HIV, STD, TB and the surveillance of all three. In the midst of this, the STD program continues to work on several critical issues. Expedited Partner Therapy (EPT) was presented to the Texas Medical Board a few months ago and received a favorable response. However, at this writing, EPT status remains unchanged. The transition to GC/CT amplified testing continues. We estimate that over 80% of Texas IPP testing is now amplified. Texas is decentralized, with state, city and, local and private labs, processing our IPP STD tests. This has complicated the transition. The transition to amplified will continue through 2009. Amplified testing is considerably more expensive, and, with no increase in funding, we expect to look more closely at testing site allotments and screening guidelines.

TEXAS CHANGING OF THE GUARD

After five years with the Texas HIV and STD Program, Alicia Nelson, RN, NP has accepted a new position as the nurse consultant with the Family Planning Program in the Texas Department of State Health Services Preventive and Primary Care Unit. Alicia will continue to serve RIPAC in her previous capacity, including acting as chairperson of the clinical/training sub-committee. Congratulations on this new role in your career, Alicia!



TESTING IN JUVENILE DETENTION CENTERS

During the first three quarters of 2008, IPP Urine Testing was conducted in seven Oklahoma Juvenile Detention Centers. A total of 940 urine gonorrhea and Chlamydia tests were submitted for testing at the Oklahoma State Department of Health Laboratory.

216 females tested and 722 males tested with 2 unsatisfactory tests. From those tests, the breakdown is as follows.

- 69 positive Chlamydia tests in males
- 21 positive Gonorrhea tests in males
- 31 positive Chlamydia tests in females
- 18 positive Gonorrhea tests in females
- 13 Positive Gonorrhea and Chlamydia tests in males
- 5 positive Gonorrhea and Chlamydia tests in females

These results demonstrate a 16.7% positivity rate for Gonorrhea and Chlamydia during the first three quarters of 2008 in the juvenile detention centers that were tested.

PREGNANCY TEST ONLY

By HIV/STD Service Staff, Oklahoma State Department of Health

The Oklahoma Maternal Child Health Service (MCH), in collaboration with the HIV/STD Service and Public Health Laboratory, recently conducted a urine pregnancy test only screening pilot project in four selected county health departments through their family planning programs.

One hundred sixty records were included in the data after screening out women who presented to the clinic for services in addition to the urine pregnancy test.

The one hundred sixty women presenting for urine pregnancy test also consented to be screened for gonorrhea and Chlamydia using the same urine sample. Overall, 12.51% of these females tested positive for Chlamydia, gonorrhea, or both. Among those who identified themselves as African American, 19.36% tested positive to one or both sexually transmitted diseases. The self-identified American Indian population had a positivity rate of 16.67%. The highest numbers of positive gonorrhea and chlamydia cases were also in the 24 and under age group.

In 2007, Oklahoma county health departments saw 22,402 unduplicated women for pregnancy testing only encounters. Application of the 12.51% positivity rate from this pilot study could equate to 2,800 women who might test positive for gonorrhea or Chlamydia who would not have been tested otherwise.

Oklahoma currently reports approximately 33% of all positive gonorrhea and chlamydia tests to be in our African American population. Preterm deliveries and poor pregnancy outcomes are also higher in our African American and Native American populations.

Because of the small testing sample it would be unwise to generalize outcomes. However, these findings have led to continuing discussion exploring implications of potential changes to current policies for women presenting for pregnancy testing only.



LOUISIANA NEWS

CHLAMYDIA CHALLENGE

EXPEDITED PARTNER THERAPY

Legislation passed in the 2008 regular session to authorize Expedited Partner Therapy (EPT) for gonorrhea and Chlamydia. The STD Program is promulgating required rules. When completed, we will mail information to providers to encourage screening and use of EPT.

IPP APPLICATION

All Louisiana IPP team members collaborated to produce our IPP application for 2009. We were very pleased with our collaborative approach and feel that we all have a stake in the plans.

TESTING

By Eleese M. Lewis, MBA, Family Planning Program Manager
Louisiana Department of Health and Hospitals

The Louisiana Office of Public Health (OPH) Laboratory successfully switched from the DNA Probe based Gen-Probe Pace 2 assay to the nucleic acid amplification based Aptima Combo 2 assay for Chlamydia and N. gonorrhea testing in April 2008. This has been a big change for the laboratory's personnel and the submitting clinics as well. The advantage begins with the collecting, storage and handling requirements for specimens. The Pace method required a clinician to perform a physical examination to obtain a specimen; the Aptima gives them the option of collecting a non-invasive urine sample. The Pace system required the specimen to be transported to the lab at 2°C to 25°C and then to be assayed within 7 days. With the Aptima system, storage is at 2°C to 30°C. The swab must be assayed within 60 days and with the urine sample within 30 days. These options, along with no longer rejecting grossly bloody specimens, have greatly reduced sample rejections. The advantages to the Aptima are much more evident during the testing phase. The Pace required a continual hands-on technique from the technicians running the assay; the Aptima is a completely automated sampling instrument. While there is still a need for reagent prep, there is literally no specimen preparation required. The samples, reagents, fluids and consumables (tips and tubes) are loaded into the instrument and the assay is started and

completed without technical support. This system allows for samples to be run during the evening and hours when the lab is closed. The lab personnel arrive in the morning with the results of the previous run waiting. Therefore, turn around time is reduced. The higher sensitivity and specificity of the assay is evidenced by statistically comparing one month's positivity rate. In August of 2007, gonorrhea positivity rate was 7.62%, Chlamydia was 9.50% with a co-infection rate of 1.66%. In contrast, August of 2008, the rate for gonorrhea was 6.31%; Chlamydia was 15.15% with a co-infection of 0.06%. With the addition of the new Laboratory Information Management System (LIMS), results are returned to the submitters much more rapidly (currently in 15 sites). The LIMS also eliminates handling of specimen request slips and time consuming tasks related to the request slips. All in all, with the addition of the Aptima system, the introduction of the automated testing instrument and the implementation of the LIMS, the lab has taken a giant step in detecting more cases of infection as well as reducing turn around times, sample rejections, resulting errors, and tech time needed to turn out accurate and reliable results.

SSUN

Louisiana has one of twelve participating sites in the STD Surveillance Network (SSuN). SSuN is a dynamic network of state and local health department-based STD prevention and control programs following common protocols to address surveillance and program evaluation issues of national, state, and local interest.



ARKANSAS CHANGING OF THE GUARD

We are pleased to announce that Kevin Dedner, MPH has accepted the position of Chief, HIV/STD/Hepatitis C Section effective November 17, 2008. Mr. Dedner has served as director of state government relations and public policy development at the American Cancer Society for five years. He began in this role for the state of Arkansas, and, for the past two years, has served in this capacity for the Mid-South Division. Kevin worked with the Arkansas Department of Health in drafting and passing the Clean Air Act and Comprehensive Colorectal Cancer legislation.

PULASKI COUNTY STD CLINIC

Sherian Kwanisai, RNP, HIV/STD Section
Arkansas Department of Health

The Pulaski County Central Health Unit is currently the only stand alone STD clinic in the state that is housed within a local health department. The clinic was a part of the National STD Training Network, funded through a grant provided by the Centers for Disease Control and Prevention, and served for several years as Arkansas' only training center for sexually transmitted infections. Discontinuation of grant funding ultimately led to a suspension of STD training on a statewide level to persons outside of the Arkansas Department of Health and in neighboring states.

In May of 2006, the clinic moved to a smaller location in Southwest Little Rock with hopes of increasing services among Arkansas' Hispanic population. Although there has been a steady increase in the number of Hispanics in that area, there has not been a significant increase in the amount of Hispanics seeking STD services.

As of September 2008, Arkansas had seen 10,861 cases of Chlamydia, 897 more than in all of 2007,

and expects more cases by the end of the year. Arkansas has one county that saw 7 cases of early syphilis last year and 39 cases in 2008 as of date of publication. These statistics reinforce the need to reestablish the training center and to collaborate with community organizations to educate them on the need of increased STD awareness and education within the population.

In June of 2008, the STD clinic moved back to the Pulaski County Central Health Unit and renovations that include six exam rooms, two interview rooms, and a lab area for conducting onsite labs such as wet preps and Gram stains were completed in December 2008. The current nursing and disease intervention staff see approximately 28 to 30 clients per day. However, with the increase in space and anticipated additional staff, the clinic is expected to increase the number of clients seen to approximately 44 per day. After staffing needs have been met, future plans include revisiting applying for funding to reestablish the training center.



NEW MEMBERS

CHLAMYDIA CHALLENGE

BRENDA HANSON

It is with mixed emotions that the Center for Health Training (CHT) announces the retirement of our Regional Manager, Brenda L. Hanson.

Brenda has been with CHT for 32 years of her 35-year career. She began work as a trainer delivering basic and advanced family planning content throughout the five states in Region VI. As the needs of the providers advanced, she, along with Dick Casper, designed a system of managing training, delivered by content experts, a system which remains in place today. After serving as Project Director for a number of CHT projects, Brenda advanced to Regional Manager in 1996, where she served until December 31, 2008.

While Brenda will be absent from day to day work, we'll continue to work with her in a limited capacity as she will maintain her business interest in James Bowman Associates, Center for Health Training and CHT Resource Group. Brenda has no concrete plans for how she'll spend her time, but, we know that she remains passionate about the national family planning program as well as other community services in which she's been involved throughout her career.

Please join us in wishing Brenda all the best in her retirement.



ANN BENSON, A.R.N.P.

has been with the Oklahoma State Department of Health (OSDH) for a total of 8 years. She received her bachelor's in nursing from the University of Oklahoma in 1984 and attended University of Texas, Southwestern Medical School to become a women's health nurse practitioner in 1992. She will complete her master's of nursing in June of this year.

Currently, Ann serves as a nurse practitioner consultant for OSDH in the Perinatal and Reproductive Health division, formerly known as Women's Health Division. Her duties in this position include developing policy and procedure manuals, updating orders for Public Health Nurses and Advanced Practice Providers, providing training and technical assistance to the advanced practice providers, and participating in site visits to county health departments and contract agencies. Previous experience includes public and Indian Health nursing, private practice, labor and delivery and teaching in a Career/Vo-Tech school.

CARMELITA GARCIA

joined the Central Office STD Program in September of 2008 as STD Surveillance Coordinator and assumed the responsibility of Acting STD Program Manager in November 2008. Previous experience includes working as a Disease Prevention Specialist for 4 years, HIV Health Educator for 3 years and DPS Supervisor for one year.

While working as a Disease Prevention Specialist, she had the lead role in collaboration with DOH Clinical Services to implement an afterhours STD Clinic in Las Cruces, New Mexico.

As HIV Health educator, she was instrumental in the development of various quality assurance tools, provided outreach services to detention centers in the region, and provided regional and statewide trainings. While working as a DPS Supervisor she was better able to understand the professional development needs of subordinates and provide them with quality assurance tools, training and guidance to improve performance.

ALLISON ATTERBERRY, RN

In October 2008, Allison Atterberry, RN joined the Center for Health Training as the Region VI Infertility Prevention Project (IPP) Coordinator, taking over the position formerly held by Florastine Mack, RN. Allison earned her Bachelor of Science in Nursing (BSN) from Truman State University in 2006 and most recently coordinated a statewide HPV vaccine project for the Title X grantee in Missouri. Her passion lies in reproductive health and she is very excited about joining the Region VI Infertility Advisory Committee team. New to Texas, Allison is enjoying all that this area of the country has to offer. She can be reached at aatterberry@jba-cht.com or at (512) 474-2166.

NATIONAL CHLAMYDIA COALITION

CHLAMYDIA CHALLENGE

NATIONAL CHLAMYDIA COALITION

In collaboration with Partnership for Prevention, the Division of STD Prevention (DSTDP) successfully launched the new National Chlamydia Coalition (NCC) on June 5, 2008. The NCC is comprised of non-profit organizations, healthcare professional associations, advocacy organizations, and local, state, and federal government representatives dedicated to elevating the importance of Chlamydia screening and treatment, and increasing screening rates among adolescents and young adults.

NCC's overall mission is to improve and protect the sexual and reproductive health of adolescents and young adults by increasing rates of Chlamydia screening among adolescent and young women. Specifically, the NCC will:

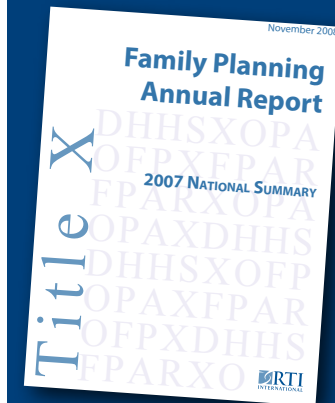
- Increase awareness of the importance of Chlamydia screening for sexually active women 25 years of age and under through public education;
- Identify and address barriers faced by healthcare providers in adhering to Chlamydia screening guidance;

- Advocate for increasing access to and use of Chlamydia screening and treatment services; and
- Encourage research to enhance the prevention of Chlamydia and its medical and social consequences.

In addition to the steering committee, three other committees were formed to address public education/awareness, provider barriers/awareness, and policy/advocacy. These committees meet regularly via conference calls and Webinars to identify priority activities. The NCC is supported by a new Web community, developed by CDC's NPIN to facilitate information sharing among NCC members and their committees.

The NCC's membership is by invitation, but the Center for Health Training will keep the Region VI IPP participants up to date on any activities by the NCC.

NCC's overall mission is to improve and protect the sexual and reproductive health of adolescents and young adults by increasing rates of Chlamydia screening among adolescent and young women.



2007 FPAR AVAILABLE

The 2007 Family Planning Annual Report (FPAR) summary is available at www.hhs.gov/opa/familyplanning/toolsdocs/FPAR_2007_National.pdf. FPAR is the national standardized reporting from Title X federally funded family planning clinics.

NEWS FROM THE CDC

CHLAMYDIA CHALLENGE

2007 SURVEILLANCE DATA AVAILABLE

The 2007 Sexually Transmitted Disease Surveillance data has been released and is available at www.cdc.gov/STD/stats07/toc.htm. Data is broken down by disease and by special focus groups, including Women and Infants, Adolescents and Young Adults, Racial and Ethnic Minorities, Men who have Sex with Men, and Persons Entering Correctional Facilities. Data is further broken down into region, state, age, sex, and more.

MMWR RECOMMENDATIONS for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection

The November 7, 2008 MMWR, Vol. 57, No. RR-9 contains updated recommendations for partner services. This report provides updated, integrated recommendations for services provided to partners of persons with human immunodeficiency virus (HIV) infection and three other sexually transmitted diseases (STDs) (i.e., syphilis, gonorrhea, and chlamydial infection). On the basis of evidence of effectiveness and cost-effectiveness of these services, CDC strongly recommends that all persons with newly diagnosed or reported HIV infection or early syphilis receive partner services with active health department involvement. Persons with a diagnosis of, or who are reported with, gonorrhea or chlamydial infection also are suitable candidates for partner services; however, resource limitations and the numerous cases of these infections might preclude direct health department involvement in certain instances. STD and HIV partner services offer STD, HIV, and other public health programs an opportunity for collaboration to deliver comprehensive services to clients, improve program efficiency, and maximize the positive effects on public health.

The full text with an exercise for continuing education credit (CEUs) is available at www.cdc.gov/mmwr/PDF/rr/rr5709.pdf.

CDC PUBLISHES UPDATED COMPENDIUM OF EVIDENCE-BASED INTERVENTIONS

The Centers for Disease Control and Prevention (CDC) has recently published the Updated Compendium of Evidence-Based Interventions and it offers eight additional evidence-based HIV prevention interventions. The new interventions include five best-evidence HIV behavioral interventions and three promising-evidence interventions. Four of the new interventions are for HIV-positive persons, including two brief, clinic-based interventions, two interventions for young, HIV-negative injection drug users, one for STD clinic patients, and one for African American fathers and their sons ages 11 to 14. Though the interventions are targeted to specific populations, most can be adapted for a variety of populations if the interventions core elements are retained.

The Updated Compendium is the most comprehensive source for targeted and evidence-based HIV prevention interventions in the United States. These behavioral interventions have been rigorously tested and found to increase protective behaviors or reduce sexual or drug-related risk behaviors for acquiring HIV infection. For more information see <http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>

From CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Connections e-mail newsletter, 1/7/09.

CONTACT US

CHLAMYDIA CHALLENGE

REGIONAL GONORRHEA MEETINGS

In conjunction with the autumn RIPAC meeting, the CDC will host a meeting addressing gonorrhea in Region VI states. All state partners are invited to attend. Contact Allison Atterberry for more information.

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NEW! ON A COMPUTER NEAR YOU

The Center for Health Training is pleased to introduce its new website www.centerforhealthtraining.org. This new site features more information and has a more user-friendly interface. The Region VI Infertility Prevention Project has its own page where we will post important information, including forms, meeting minutes, and announcements.

GIVE US YOUR INPUT AND FEEDBACK!

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