



Family Ties Network, Inc.

~ Summer/Fall 2006

Update: Condoms, HPV, and other STDs

Condoms and HPV

As we learn more about Human Papilloma Virus (HPV, the virus that can cause genital warts and cervical dysplasia), one question that is asked repeatedly is, "How effective are condoms in protecting a person from HPV?"

In a recent study published in the *New England Journal of Medicine*¹, there is new evidence that among newly sexually active women, consistent condom use by their partners appears to reduce the risk of cervical and vulvovaginal HPV infection.

The study followed 82 female university students who reported their first intercourse with a male partner either during the study period or within two weeks before enrollment. The women were given gynecological exams and tested every four months. Women used electronic diaries to record information about their daily sexual behavior.

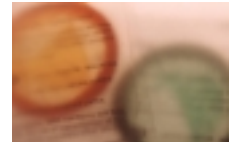
The incidence of HPV for women whose partners always used condoms during the eight months before testing was 37.8 per 100 patient-years at risk. The risk for women whose partners used condoms less than 5% of the time was 89.3 per 100 patient-years at risk.

Similarly, with women who reported 100 percent condom use by their partners, no cervical squamous intraepithelial lesions were detected in 32 patient-years at risk. In women whose partners did not use condoms or used them less consistently, 14 incident lesions were detected in 97 patient-years at risk.

Condoms, HIV and Other STDs

The NEJM also published an additional article² referencing other studies that have shown condoms to be effective in reducing the risk of other STDs. The article cites that in June 2000, the FDA, the National Institutes of Health, the Centers for Disease Control and Prevention, and the U.S. Agency for International Development organized a panel of condom experts to review the available

evidence. The final report concluded that condom use reduces the risk of pregnancy, HIV transmission, and among men, gonorrhea.



The article goes on to say that we now have strong evidence that condom use reduces the risk of transmission of HIV, gonorrhea and chlamydia, and herpes simplex virus in both women and men.

This article is also useful in that it describes some of the complexities of designing a study to measure the effectiveness of condoms in relationship to various sexual behavior.

HPV Vaccine

The CDC has published a Q & A sheet on the new HPV Vaccine. The new vaccine is licensed for use with females ages 9-26 years. It protects against four types of HPV:

- types 16 and 18, the types that cause 70% of cervical cancers
- types 6 and 11, the types that cause 90% of genital warts

The vaccine has been found to be 100% effective in preventing the cervical precancers caused by types 16 and 18. It has been found to be almost 100% effective in preventing precancers of the vulva, vagina, and genital warts that are caused by the targeted types of HPV.

The vaccine does not protect against all types of HPV and does not prevent other STDs. The protection against the four types of HPV lasts at least five years. More research is being done to see how long it lasts and if a booster is needed.

More information is available at www.cdc.gov/std/healthcomm/fact_sheets.htm

1. Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women, *N Engl J Med* June 22, 2006; v 354:25; pp 2645-54.

2. Condoms and Sexually-Transmitted Infections, *N Engl J Med* June 22, 2006; v 354:25; pp 2642-43

Both articles can be downloaded from www.nejm.org.





Revised Recommendations on Reducing SIDS Risk

Despite major decreases in the incidence of Sudden Infant Death Syndrome (SIDS) over the past decade, SIDS is still responsible for more infant deaths beyond the newborn period in the US than any other cause of death during infancy. In an updated policy statement, the American Academy of Pediatrics (AAP) addresses several issues that have become relevant since they last published a statement in 2000. This statement can be viewed at www.aap.org/ncepr/revisedsids.pdf.

Back is Best—No More Side Sleeping

Studies have found that the side sleep position is unstable and increases the chances of the baby rolling onto his or her stomach. Every caregiver should use the back sleep position during every sleep period.

Crib in the Same Room Ideal—Bed Sharing Not Recommended

Bed sharing is not recommended during sleep. Babies may be brought into bed for nursing or comforting, but should be returned to their own crib or bassinet when the parent is ready to return to sleep. However, there is growing evidence that room sharing (baby sleeping in a crib in parent's bedroom) is associated with a reduced risk of SIDS. The AAP recommends a separate but nearby sleeping environment.

Pacifiers at Nap Time & Bedtime

Some new research indicates an association between pacifier use and a reduced risk of SIDS. Pacifiers are recommended at nap time and bedtime for the first year of life.

The evidence that pacifier use inhibits breastfeeding or causes later dental complications is not compelling enough to discredit the recommendation. **However, it is recommended that pacifier introduction for breastfed babies be delayed until one month of age to ensure that breastfeeding is firmly established.**

The pacifier should be used when placing the baby down for sleep and not be reinserted once the baby falls asleep. **If the baby refuses the pacifier, it should not be forced.**

There is a slight increased risk of ear infections associated with pacifier use, but the number of ear infections is generally lower in the first year of life. This is especially true in the first six months, when the risk of SIDS is the highest.

Risk Factors to Avoid

The following have been consistently identified as risk factors for SIDS:

- Lying on stomach sleep position
- Sleeping on a soft surface
- Maternal smoking during pregnancy
- Overheating
- Late or no prenatal care

Other Risk Factors

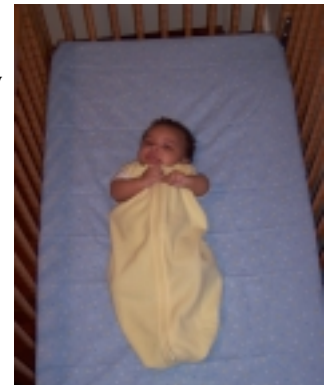
These babies tend to have higher risk of SIDS than other babies:

- A baby whose was born to a teen mom
- Babies born early—before term
- Babies born with a low birth weight
- Boy babies

Consistently higher rates of SIDS are also found in black and American Indian/Alaska Native children - two to three times the national average.

Other Recommendations

- **Use a firm sleep surface:** A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- **Keep soft objects and loose bedding out of the crib:** Pillows, quilts, comforters, sheepskins, stuffed toys and other soft objects should be kept out of a baby's sleeping environment.
- **Do not smoke during pregnancy:** Avoiding a baby's exposure to second-hand smoke is advisable for numerous reasons in addition to SIDS risk.
- **Avoid overheating:** The baby should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult, no more than 70°F.
- **Avoid commercial devices marketed to reduce the risk of SIDS:** Although various devices have been developed to maintain sleep position or reduce the risk of rebreathing, none have been tested sufficiently to show efficacy or safety.
- **Do not use home monitors as a strategy to reduce the risk of SIDS:** There is no evidence that use of such home monitors decreases the risk of SIDS.



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Depression During Pregnancy & After



Having a baby can be one of the biggest and happiest events in a woman's life. While life with a new baby can be thrilling and rewarding, it can also be difficult and stressful at times. Many physical and emotional changes can happen to a woman when she is pregnant and after she gives birth. These changes can leave new mothers feeling sad, anxious, overwhelmed or confused. For many women, these feelings go away quickly. But when these feelings persist or get worse, professional help is needed.

The term perinatal depression encompasses a wide range of mood disorders that can affect a woman during pregnancy and after the birth of her child. It includes prenatal depression, the "baby blues," postpartum depression and postpartum psychosis. Between 15 and 20 percent of all women experience some form of pregnancy related depression or anxiety. Prenatal (during pregnancy) depression affects between 10 and 20 percent of women. Symptoms of prenatal depression include:

- Crying
- Sleep problems (not due to frequent urination)
- Fatigue
- Appetite disturbance
- Loss of enjoyment of activities
- Anxiety
- Poor attachment

The "baby blues" (which occurs after the baby is born) affects as many as 80 percent of new mothers. "Baby blues" symptoms are usually resolved within two weeks of delivery. These symptoms can include:

- Feeling overwhelmed
- Irritability
- Frustration
- Anxiety
- Mood changes -- mom is elated one minute, and crying the next
- Feeling weepy and crying
- Exhaustion
- Trouble falling or staying asleep

"Postpartum depression" affects 10 to 20 percent of new mothers, with the following symptoms continuing more than 14 days:

- Frequent episodes of crying or weepiness
- Persistent sadness
- Fatigue
- Feelings of inadequacy or guilt
- Sleep and/or appetite disturbances


- Irritability/mood changes
- Overly intense worries about the baby
- Difficulty concentrating, making decisions or remembering things
- Lack of interest in the baby, family or activities
- Anxiety is a prominent symptom and may manifest as bizarre thoughts and fears, such as obsessive thoughts of harm to the infant
- Feeling overwhelmed
- Headaches, chest pains, heart palpitations, numbness and hyperventilation

Postpartum psychosis is a very rare condition that usually includes auditory hallucinations and delusions and, less frequently, visual hallucinations. Affecting only one or two women per thousand, this is an emergency requiring hospitalization.

Postpartum psychosis appears within the first few days to a month after delivery, but can occur any time during the first year. Symptoms may appear abruptly. This disorder has a five percent suicide rate and a four percent infanticide rate. Postpartum psychosis is a severe but treatable emergency, requiring immediate admission to a psychiatric facility. If you suspect a woman might be experiencing postpartum psychosis, she must be separated from her infant and provided with immediate assistance.

A woman who recognizes that she has symptoms of depression may be inhibited by denial, shame, fear, and/or lack of energy from discussing her symptoms with her provider. Women should be encouraged to be open about their feelings, to seek help, and to feel that depression is not shameful and does not make her a bad mother.

The two most common forms of treatment for depression are psychotherapy and medication. The type of treatment will depend on the severity of the depression. Treatment has an 80 to 90 percent success rate in patients. The earlier treatment is initiated, the better the prognosis.

This press release was adapted from the Perinatal Depression Media Kit released by the NYSDOH. Save October 20, 2006, for the upcoming conference on Perinatal Mood Disorders. Dr. Shari Lusskin is the keynote speaker. For more information on perinatal depression call Family Ties/REACH CNY at (315) 424-0009. 



P

revention News Highlights: CDC Updates



Syracuse Youths to Participate in National HIV Prevention Study

Beginning next month, teenagers considered at high-risk for HIV and STDs will take part in a national prevention study. Youths from Columbia, SC; Macon, GA; Syracuse, NY; and Providence, RI will participate. In all, 1,600 teens, most of them African-American, will be involved in the 18-month, \$3.7 million study of prevention interventions.

Similar programs have been run in Baltimore, Los Angeles and New York and were judged successful, said Ralph DiClemente, a public health professor at Emory University and the associate director of its AIDS research center. "Our goal is to go out of the bigger cities into smaller urban ones who also need the programs," he said. Cities were selected that had a high incidence of teenage pregnancy and an increase in teen STD and HIV rates.

Syracuse University is leading the study in Syracuse. At the outset, the teens will be surveyed about their sexual beliefs and practices, and they will be tested for STDs. Participants will be randomly assigned either to a general health promotion control group or to the intervention Focus on Kids. Results will be assessed using youths' self-reports of sexual behavior at the end of the study.

Focus on Kids is one of five interventions identified as effective by CDC, said Bonnie Stanton, chief of pediatrics at Children's Hospital of Michigan. "It's very community based. Ultimately, it is a safer sex program, but it does have an abstinence component," said Stanton, who helped develop the outreach in Baltimore in the early 1990s.

AIDS Drugs Still Effective After 10 Years

A recent study said HIV/AIDS combination therapy drugs remain effective ten years after their introduction, but many patients are not put on them soon enough. Despite experts' fears that HIV/AIDS would become resistant to treatment and deaths would increase, the scientists said that has not happened.

The study found that drug combinations reduce mortality and the progression of AIDS by about

80-90 percent, but TB has become a dangerous co-infection in some patients. "Ten years on these treatments still work as well as they did initially [but] there is a change in terms of TB becoming more important," Professor Matthias Egger of Switzerland's University of Bern said in an interview. He added that if people were diagnosed and started treatment earlier, the drugs "would achieve even more."

The findings in the study derive from data on more than 22,000 HIV patients in Europe and North America who started treatment between 1995 and 2003. Egger, a study co-author, said there is widespread consensus that patients should start treatment when their CD4 cell counts drop below 350 or when the patient shows symptoms of illness. The research showed the median cell count for starting treatment increased from 170 in 1995-1996 to 269 in 1998, then dropped to around 200. The study noted that people who start treatment with a CD4 count less than 200 have a higher risk of progression to AIDS than patients with a higher baseline count.

The article, "HIV Treatment Response and Prognosis in Europe and North America in the First Decade of Highly Active Antiretroviral Therapy: A Collaborative Analysis," appeared in *The Lancet* (2006;368(9534):451-458).

CytRx Completes HIV Vaccine Trial

CytRx Corp. has announced that an early-stage study of an HIV vaccine candidate has yielded positive results. Researchers at the University of Massachusetts Medical School and Advanced Bioscience Laboratories developed the compound, DP6-001, which is based on DNA technology. In the trial, which began in April 2004, the drug was found to be well-tolerated and effective at producing an immune response to HIV. The trial's 34 healthy volunteers were divided into groups according to how the drug was administered. Each group experienced positive results, whether the vaccine was administered three times a day under the skin or in muscle.

The Prevention News Mailing List is maintained by the National Prevention Information Network (NPIN), part of the Centers for Disease Control and Prevention's National Center for HIV, STD and TB Prevention. To join the Prevention News listserv, send a blank e-mail to prevention-news-subscribe@cdncpin.org.





REACH CNY

Regional Training Center Calendar

Go to our website at www.familytiesnetwork.org to get more information about the trainings or to register online. You can also call us at (315) 424-0009. All the trainings are free and offered in Syracuse, NY.

Half-Day Courses

The ABC's of Hepatitis & HIV

November 3, 2006
9:00 A.M. - 12:00 P.M.

Basics of Youth Development

October 11, 2006
9:00 A.M. - 12:00 P.M.

HIV & STDs

October 20, 2006
9:00 A.M. - 1:00 P.M.

HIV/AIDS Confidentiality Law

December 13, 2006
9:00 A.M. - 1:00 P.M.

HIV/AIDS Treatment Update

September 15, 2006
9:00 A.M. - 1:00 P.M.

HIV Testing in NYS: 2005 Guidance

September 8, 2006
9:00 A.M. - 12:30 P.M.

Overview of HIV Infection and AIDS

December 8, 2006
9:00 A.M. - 1:00 P.M.

One-Day Courses

Addressing Prevention in HIV Case Management

October 23, 2006
9:00 A.M. - 5:00 P.M.

Basic Information about Domestic Violence

October 27, 2006
9:00 A.M. - 5:00 P.M.

Building Bridges to Cultural Competency

September 13, 2006
9:00 A.M. - 5:00 P.M.

Introduction to Case Management

October 17, 2006
9:00 A.M. - 5:00 P.M.

Multi-Day Courses

Offering HIV Testing in CBOs Serving High Risk Communities

September 19-21, 2006
9:00 A.M. - 5:00 P.M.

Reducing the Risk and Harm of HIV

October 4-6, 2006
9:00 A.M. - 5:00 P.M.

Cont. from Page 2

Avoid a Flat Spot on the Back of the Head

- **Encourage “tummy time.”** When the baby is awake, allow the baby to play on her/his tummy. This also helps the development of the baby’s arm muscles and coordination.
- **Avoid having the baby spend excessive time in car-seat carriers and “bouncers.”**
- **Place the baby to sleep with the head to one side for a week and then changing to the other.**

Share this information!

Assure that others caring for the infant (child care provider, relative, friend, babysitter) are aware of these recommendations.

This article is largely based on the AAP press release which can be viewed at www.aap.org/ncepr/sids.htm.

The AAP article, *Do Pacifiers Reduce the Risk of Sudden Baby Death Syndrome?* can be found at www.aap.org/ncepr/sidsarticle.pdf. There is some controversy over the recommendations made by the AAP for pacifier use. If you would like to comment, please email healthed@familytiesnetwork.org.





NYSDOH Can Help Your Clients Quit Smoking!

Looking for a way to help your clients quit smoking? The New York State Department of Health has a variety of resources that can help!

Free Materials to Use with Clients

NYSDOH has a variety of free materials and information about smoking and quitting that can be downloaded off the internet at www.health.state.ny.us/nysdoh/smoking/main.htm or requested by order form.

One available resource is a mini magazine targeted at teens who smoke. The magazine includes:

- Information about the NY State Quitline
- Teen's testimonials who smoked and quit
- How much money they could save by quitting
- Immediate effects of quitting
- Reasons teens give to quit
- The 5 Ds
- Tips to quitting from other teens
- Ways to reduce stress
- List of toxic chemicals in tobacco

Another resource is a brochure *Protect Yourself & Your Baby from Smoke*. This brochure gives information about the risks of secondhand smoke to mothers and their babies and ways to avoid being exposed to secondhand smoke.

Other noteworthy materials include two brochures:

- Secondhand Smoke - It Takes Your Breath Away
- The Truth About Cigarettes - Break Loose! A Pack Of Facts To Help You Stop Smoking

New York State Smokers' Quitline 1-866-NYQUITS (1-866-697-8487)

The Smokers' Quitline is a free service that provides New Yorkers with help when they are ready to stop smoking. The Smokers' Quitline is staffed by information specialists who are specially trained to provide information and consultation on a variety of cessation topics, such as stop smoking medications, withdrawal symptoms and stop smoking programs. Callers can request Break Loose, a self-help booklet, and a listing of smoking cessation programs in their region.

The Smokers' Quitline is also designed to assist health professionals. Physicians and health care providers can use the Quitline service as a referral for their patients' stop smoking plans and to enhance recommended and/or prescribed stop smoking medications. Health care providers can

also call the Quitline to obtain concise, up-to-date information on stop smoking techniques and medications, or to order office materials that can be shared with their patients.

The Smokers' Quitline also provides tobacco-related services to a variety of other callers, including friends and family of smokers, health educators, businesses, parents, and students who are looking for information.

All Quitline services are free and confidential.

Our Resource Library

Did you know that Family Ties Network has an extensive resource library open to anyone in the health and human services community? The Resource Library is located in our offices at 1010 James Street in Syracuse.

Our library has over 600 books and over 300 videos ranging in a wide variety of topics including child birth, childhood development, AIDS, Adolescent Pregnancy, Breastfeeding, Cultural Competency, various curriculum and many research and reference titles.


Books, videos, DVDs and support items (Empathy belly, Baby Think It Over dolls,) can be borrowed from the library for two weeks. If you would like an extension on time, just let us know.

The library also has over 400 different brochures available for providers to take for clients and programs. Visitors can take up to 20 brochures for use in their programs. Topics range from breast-feeding, birth control, child abuse, HIV/AIDS, childhood illness, hepatitis, men's health, nutrition & exercise, parenting, SIDS, and teen pregnancy, as well as hundreds of others!

We have updated our book, video/DVD and brochure directories as of August 2006. In 2006 we have added:

- Over 45 new book titles
- 30 new video titles
- 120 new brochure titles

We have added a Gay/Lesbian/Transgender section to our book library.

If you would like a current listing of items please call 315-424-0009, or email to swood@familytiesnetwork.org. 





Update on Lead Poisoning in Children

By Howard L. Weinberger, MD

A History of Success

It is gratifying to note that the history of lead poisoning in children in the U.S. has been a public health success. Over the past 30 years, the acceptable blood lead level has been lowered (by the CDC) to 10 mcg/dl or less. One of the main reasons for this was the marked reduction of leaded gasoline in auto emissions.

Sources of Lead Exposure in 2006

The main source of lead exposure for children still is the deteriorated paint on older homes (built prior to the 1960's). Legislation to reduce or eliminate lead in household paint became effective in most states in the late 1960's and early 1970's. Older homes retain the leaded paint which flakes off in many areas, such as window frames and eaves so that lead can contaminate dirt outside these homes and dust within the homes.

Too often, products (such as toys, jewelry and various notions) are imported into the U.S. which have high lead content. The Consumer Product Safety Commission has a hard time keeping ahead of these hazards and providers and the public need to be made aware of the recalls.

Finally, rehabilitation of old homes presents a potential hazard to adults as well as the children in those homes.

Who is at greatest risk?

- Young children are at most risk for exposure due to the normal hand to mouth activity in the first few years of life.
- Low income children living in older housing
- Older children with developmental delay and/or autism (because of continued pica)
- New Americans who may have been exposed to lead in their countries of origin (esp. Eastern Europe, China and Africa)

An additional concern has recently been raised about the risk of exposure of these youngsters after they have been settled in the U.S. This makes the point of the importance of primary

prevention for this population to insure that they are placed in homes without lead hazards.

It is also important to keep in mind that people from different cultures often bring some of their folk remedies, cosmetics, etc. with them and unknowingly, these may have extensive lead content.

Lead Poisoning Testing

Since lead exposure is generally asymptomatic, blood lead screening is the only way to detect elevations and in New York State, such testing is mandated at one and two years of age. The second year of life is probably the highest risk period for lead exposure since developmentally, that is the time of increased mobility, exploration of the environment and lots of hand to mouth activity.

Take Home Lessons

Despite the successes we have observed, lead remains a ubiquitous element in our environment. There are multiple possible sources of exposure for children and "routine" blood lead testing of all one and two year olds must continue for the foreseeable future.

Our long term goal should be primary prevention of lead exposure in the first place. That would require a reorientation to testing of the possible environmental exposure such as housing stock and subsequent repair and rehabilitation of that stock before exposure occurs to young children. Only then will we have a chance at successfully eliminating lead poisoning as a hazard to young children in this country.

Howard L. Weinberger, MD is the Medical Director for the Central New York Lead Poisoning Resource Center at University Hospital. For more information about the Resource Center, call 464-7584.





**Family Ties Network
REACH CNY**

**Resources, Education, Advocacy,
and Collaboration for Health**

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Funded by the New York State Department of Health,
Division of Family Health

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