

Teen Females Affected: 1 in 4

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ing ways to reach those at most risk. Screening and early treatment can prevent some of the most devastating effects of untreated STDs.”

The study's lead author, Dr. Sara Forhan of the CDC, extracted her data from the 2003-2004 National Health and Nutrition Examination Survey, a continuous annual study that examines a nationally representative sample of U.S. households to assess a broad range of health issues. As part of the 2003-2004 sur-

vey, 838 girls aged 14-19 years underwent STI testing for human papillomavirus (HPV), chlamydia, herpes simplex virus, and trichomoniasis. The teens underwent urine and blood testing and provided a self-collected vaginal swab to determine if an infection was present.

The analysis excluded the prevalence of gonorrhea, syphilis, and HIV infections, Dr. Forhan noted. The gonorrhea rates were not publicly available at the time of her analysis. Syphilis and HIV were ex-

cluded because they are not typically found in this age group. “We did test for syphilis and gonorrhea in women aged 18-41, and in the 18- and 19-year-olds, who were also included in my analysis, there were no cases.”

The survey identified an overall STI rate of 26%, she said. “This means that one-quarter of our female adolescent population in the [United States]—3.2 million girls—has at least one of the STIs that most commonly affect women. Far too many girls face the risk of serious effects from these diseases, including infertility and cancer.”

The most prevalent STD was cancer-

and genital wart-associated HPV, affecting 18% of participants. Chlamydia was found in 4%, trichomoniasis in 2.5%, and herpes simplex virus type 2 in 2%. Among the teens who had an STI, 15% had more than one type of infection.

These infections occur quickly after sexual debut, Dr. Forhan noted. “Of particular importance is how fast these infections appear,” she said. Among those who reported just 1 year of sexual activity, the prevalence already was 20%. Increased sexual activity leads to increased risk of infection, she said: 50% of teens who reported three or more partners had at least one of the STIs.

The survey also showed sharp racial differences in STI prevalence, with black teens more than twice as likely as whites to have at least one STI (48% vs. 20%).

“While race itself is not a risk factor for an STI, the realities of life for many African American girls—limited access to health care, poverty, and a higher community prevalence of STIs—can all contribute to an increased risk of infection,” Dr. Forhan said.

The results underscore the importance of HPV vaccination for 11- and 12-year-olds, as well as chlamydia screening for all sexually active women under age 25, she said. ■

Constipation

When is this common complaint a chronic condition?

Approximately 1 in 4 people are affected¹

It should come as no surprise that constipation is the most common digestive complaint in the United States, but for up to 28% of people in the US, the condition may be chronic.^{1,2}

Simple dietary and lifestyle changes can help relieve mild symptoms and help keep them from recurring, but Chronic Constipation may require more intensive interventions.³

Chronic Constipation is defined as symptoms (including straining, hard stools, and <3 defecations per week) occurring for the last 3 months, with onset at least 6 months prior to diagnosis.³ It can be caused by medical conditions or various medications, but many times the cause is idiopathic.^{4,5}

1 in 5 people suffer for years⁶

Approximately 1 in 5 people with Chronic Constipation will suffer for 10 years or more,⁶ and only 25% of patients seek the assistance of a healthcare professional.⁷ Many people are reluctant to talk to their physician about their symptoms. By the time they see you, they may have tried multiple self-treatment approaches that did not provide lasting relief, and uncontrolled symptoms may be impacting their daily activities and their lives.^{5,6}

Asking your patients about the severity and duration of symptoms can help determine if their constipation requires more aggressive treatment.⁸

Chronic Constipation needs chronic therapy.

To learn more, please visit:
www.constipationlearningchannel.com

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LUB-01508 12/07

CDC Addresses Shortage of IG, Rabies Vaccine

ATLANTA — Supplies of human rabies biologicals for pre- or postexposure prophylaxis in the United States are “manageable, but are expected to be less than ideal” over the next few years, Charles E. Rupprecht, V.M.D., said at the winter meeting of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

Since the meeting, ACIP has formed an ad hoc working group to address the problem. The group is discussing strategies for maximizing current supplies and devising algorithms for how to prioritize the vaccine and immune globulin in the event of an actual shortage, CDC spokeswoman Abigail Tumpey said in an interview.

The CDC also is working on public education messages about when rabies vaccination is necessary and when it isn't, noted Dr. Rupprecht, chief of the CDC's rabies program, in his presentation at the meeting.

There are two human rabies vaccines and two rabies immunoglobulins (IGs) on the U.S. market. The vaccines are Sanofi-Pasteur Inc.'s human diploid cell vaccine Imovax and Novartis AG's purified chick embryo cell RabAvert. The IG products are Sanofi-Pasteur's IG Imogam Rabies-HT and Talecris Biotherapeutics' HyperRAB S/D.

Novartis' supply is limited and is being distributed for postexposure prophylaxis only. Phil Hosbach, vice president of immunization policy and government relations at Sanofi-Pasteur US, said the company has stepped in to fill the gap as much as possible, but can only supply a limited portion of the U.S. rabies vaccine market.

The overall supply of IG is limited because of human plasma shortages.

—Miriam E. Tucker