Support FY2016

STD Prevention Funding

CDC's Division of STD Prevention Funding History	
FY2016 Recommendation:	**$212 million***
FY 2016 President's Budget:	**$157.3 million**
FY2015 Funding Level:	**$157.3 million**
FY2014 Funding Level:	**$157.7 million**
FY2013 Funding Level:	**$154.9 million**
FY2012 Funding Level:	**$163 million**

**$54.7 million increase*

STDs COST OUR HEALTH CARE SYSTEM BILLIONS EVERY YEAR

Each year there are almost 20 million new STD cases, approximately half of which go undiagnosed and untreated.[i] STDs cost the U.S. health care system $16 billion every year. The costs to individuals can be even more staggering and can include infertility, and higher risk of acquiring HIV, and certain cancers.[ii] Investments in STD prevention and treatment can further the National HIV/AIDS Strategy's goal of reducing new HIV infections.

The Centers for Disease Control and Prevention's (CDC) Division of STD Prevention (DSTDP) guides national efforts to prevent and control STDs. DSTDP invests most of its federal funding in state, territorial, and large city health departments who carry out on-the-ground efforts to control STDs. STD programs in these departments are currently facing skyrocketing syphilis rates, including increases in congenital syphilis cases. STD programs are the backbone of our national STD infrastructure, including not only monitoring and controlling STD epidemics, but in responding to emergency outbreaks of all kinds, from Ebola to food-borne illnesses to flu. However, the current public health infrastructure has been continually strained by budget reductions at both the federal and state level and is currently not sufficiently prepared for the emerging threats of drug-resistant gonorrhea, rising rates of syphilis, and other outbreaks.

DSTDP and these health departments across the country need additional federal resources to reverse the alarming and costly trends of STDs. Flat funding will not address these growing needs. **In fiscal year 2016 funding, please support an increase of $54.7 million to ensure those on the front lines of STD prevention have funding to prepare for the emerging threat of drug-resistant gonorrhea, respond to the rising rates of syphilis, and other outbreaks.**

GONORRHEA RESISTANCE: $33.98 million

Gonorrhea has developed resistance to every class of antibiotics recommended for its treatment; we are now on our last line of defense to treat this disease with no immediate drug in the pipeline to turn to next.

> *"Preparation and action now, prior to the emergence of resistant strains, will allow for a more effective and less costly response later."*
>
> *-- CDC's Cephalosporin-Resistant Gonorrhea Response Plan*

In 2013, the CDC released *Antibiotic Resistance Threats in the United States, 2013,*[iii] which named drug-resistant gonorrhea one of three "urgent" threats, the highest level in this report. The direct medical costs of drug-resistant gonorrhea are estimated to be $235 million 10 years after onset of full resistance. The real cost of gonorrhea resistance is likely much higher—this estimate does not account for increased susceptibility monitoring, additional provider education, case management, and the need for additional courses of antibiotics and follow-up.

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This request outlines what state and local health departments, as well as on-the-ground partners, need to effectively respond to the growing gonorrhea resistance: proper diagnosis and treatment ($11.38 million), surveillance and increased lab capacity ($6.1 million), evidence-based interventions ($10 million), and education and awareness ($6.5 million). Additional information on this request can be found on NCSD's website: www.ncsddc.org/fundingforgonorrhearesistance.

INCREASING SYPHILIS RATES, INCLUDING CONGENITAL SYPHILIS: $1.2 million

Increasing syphilis rates have the potential to impact any gains made in HIV prevention and treatment.

Additional funding is needed to address our syphilis epidemic and to ensure the needs of hard to reach populations are addressed.

Data released by the CDC late last year showed that the rate for primary and secondary syphilis, which are the most infectious stages of syphilis, increased by an alarming 10 percent in 2013, the year of most recent data, on top of an 11 percent increase in 2012. The rate of primary and secondary syphilis in 2013 is the highest recorded rate since 1996. Increasing syphilis rates continue to affect populations already disproportionally impacted by all STDs, including HIV, most notably gay men and other men who have sex with men (MSM): 52 percent of MSM with primary and secondary syphilis co-infected with HIV. These skyrocketing syphilis rates have the potential of stunting any gains we have made in reducing our HIV epidemic. Congenital syphilis rates also increased 3.6 percent in 2013, the first increase in congenital syphilis since 2008. This disease can cause infant death, developmental delays, and seizures when a pregnant woman has syphilis and it is not treated before delivery.

DISEASE INTERVENTION SPECIALISTS: OUTBREAK RESPONSE WORKFORCE: $19.5 million

The importance of Disease Intervention Specialists (DIS) to controlling disease outbreaks of all kinds cannot be overstated, as evidenced by their key role in the control of Ebola. This workforce infrastructure is vital to responding not only to emergencies such as that, but to contain our STD, including HIV, epidemics across the country. This infrastructure is housed in state and federal health departments and is often funded by federal dollars through grants from the Division of STD Prevention at the CDC. The functions of DIS are not going to be fulfilled by the private sector, but will need to be continued to be funded by the discretionary funding appropriated by Congress.

DIS positions are often low paying and incredibly demanding. That, coupled with reductions in investments in the public health system, has eroded the DIS workforce over time. Limited funds at both the state and local levels do not allow for DIS to follow up on all of the cases of STDs, including HIV, that are reported annually. Additional funds are desperately needed to allow for more DIS to perform contact tracing to stop the spread of STDs and so we can adequately and effectively respond to public health emergencies.

To allow for STD public health programs to respond to gonorrhea resistance, increasing syphilis, and prepare for outbreaks of all kinds, please support an increase of $54.7 million for the Division of STD Prevention in FY2016.

For more information, please contact the National Coalition of STD Director's Director of Policy and Communications, Stephanie Arnold Pang at sarnold@ncsddc.org or 202-842-4660.

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[i] Centers for Disease Control and Prevention Fact Sheet. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. February 2013. http://www.cdc.gov/std/stats/STI-Estimates-Fact-Sheet-Feb-2013.pdf.

[ii] Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010.* Atlanta: U.S. Department of Health and Human Services; 2011.

[iii] Which can be found at: http://www.cdc.gov/drugresistance/threat-report-2013/.

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