



Support FY2017

STD Prevention Funding

CDC's Division of STD Prevention Funding History

FY2017 Funding Request:	\$165.4 million*
FY2017 PB Request:	\$157.3 million
FY2016 Funding Level:	\$157.3 million
FY2015 Funding Level:	\$157.3 million
FY2014 Funding Level:	\$157.7 million
FY2013 Funding Level:	\$154.9 million

**A requested increase of \$8.1 million*

STDs COST OUR HEALTH CARE SYSTEM BILLIONS EVERY YEAR

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

these departments across the country are facing skyrocketing syphilis rates, including increases in congenital syphilis. In fact, last year, for the first time since 2006, rates for chlamydia, gonorrhea, and syphilis all increased concurrently.

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 or county health departments who carry out on-the-ground efforts to control STDs. State, territorial, and local public health STD programs are the backbone of our national STD infrastructure, not only monitoring and controlling STD epidemics, but 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 the federal, state, and local levels and is currently not sufficiently prepared for the reality of rising rates of STDs, particularly 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 for outreach, treatment assurance and surveillance. **In fiscal year 2017 funding, please support an urgent funding increase of \$8.1 million to the CDC's Division of STD Prevention to ensure those on the front lines of STD prevention have funding to respond to the rising STD rates, particularly syphilis, and prepare for other unforeseen outbreaks.**

INCREASING SYPHILIS RATES, INCLUDING CONGENITAL SYPHILIS:

Additional funding is needed to address our syphilis epidemic and to ensure the needs of hard to reach populations are addressed. In 2014, for the third year in a row, reported cases of primary and secondary syphilis – the stages where the infection is most likely to spread – have increased by double digits. In 2012, primary and secondary syphilis increased by 11 percent, in 2013, by 10 percent, and in 2014, by a shocking 15 percent. There was not a single demographic that escaped these increases. Males and females, LGBT persons and heterosexuals, and even newborns experienced increases in syphilis.

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

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In fact, between 2012 and 2014, congenital syphilis, which can be a disabling, and often life-threatening infection for infants, increased by 38 percent, to the highest rate in almost 15 years. While syphilis is primarily a sexually transmitted disease, it may be passed on by an infected woman during pregnancy. Passing on the infection during gestation or at birth may lead to serious health problems including premature birth, stillbirth, and in some cases, death shortly after birth. Sadly, untreated syphilis in pregnant women results in infant death in up to 40 percent of cases. Untreated infants who survive will often develop problems in multiple organs, including the brain, eyes, ears, heart, skin, teeth, and bones.

Increases have also occurred in cases of ocular syphilis that are resulting in significant eyesight and vision problems, including instances of complete and irreversible blindness. Between December 2014 and March 2015, 12 cases of ocular syphilis were reported from two major cities, San Francisco and Seattle. Subsequent case finding indicated more than 200 cases over the past two years from 20 states.

A NEW RESPONSE IS NEEDED

STD public health infrastructure is in a state of crisis and additional resources are needed to combat our growing STD epidemics. If fully funded, this request would go to two distinct but complimentary needs.

1. Additional Workforce Needs: \$5.1 million

- Funding would be disseminated to public health departments for more boots on the ground.
- This could include trained epidemiology staff, more staff to ensure positive cases are tracked down and treated, or medically trained staff to best respond to each health department's needs for dealing with their epidemics.

2. Program Science Activities: \$3 million

- Improved data is needed to show, empirically, what is causing this surge in STDs and which evidenced-based interventions work to best to reduce STDs in the U.S. Our current system of prevention and control careens from one emergency outbreak to another, and this cannot continue.
- Additional program science evidence is needed to better understand how to reach communities hardest hit by STD increases.
- This would result in evidence-based interventions that can be scaled up across the country to respond to these ever-rising rates.

In fiscal year 2017 funding, please support an urgent funding increase of \$8.1 million to the Division of STD Prevention to ensure those on the front lines of STD prevention have funding to respond to the rising rates of all STDs, particularly syphilis, and prepare for other foreseen outbreaks.

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.

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.