

# Support FY2011 STD Prevention Funding



The United States has the highest rates of sexually transmitted diseases (STD) in the industrialized world. CDC recently announced that one in four adolescent girls in the U.S., or more than 3 million, has an STD<sup>1</sup> and that rates of syphilis infection have increased for the eighth year in a row. Additional federal resources are needed to reverse these alarming and costly trends.

## FY2011 NEED

CDC estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24. In one year, our nation spends over \$8 billion to treat the symptoms and consequences of STDs. Untreated STDs contribute to infant mortality, infertility, and cervical cancer.

STD prevention programs at CDC have been cut by more than \$6 million since FY2004. CDC's Division of STD Prevention has prioritized four disease prevention goals - Prevention of STD-related infertility, STD-related adverse pregnancy outcomes, STD-related cancers and STD-related HIV transmission. **NASTAD and the National Coalition of STD Directors (NCSD) support a \$213.5 million increase for STD prevention through the cooperative agreements with state and local health departments.**

## WHAT IS DRIVING THE NEED FOR SERVICES?

Racial and ethnic minority populations continue to bear the brunt of STDs. In 2008, the CDC reported:

- Ethnic minority groups make up the majority of chlamydia cases. In 2008, the rate of chlamydia among African Americans was over 8 times that of whites, for American Indian/Alaska Natives was 5 times higher than whites, and for Hispanics 3 times higher than whites.<sup>2</sup>
- Gonorrhea rates were the highest among African American women aged 15 to 19 and 20 to 24 years. African American men aged 15 to 19 years old had a rate 40 times higher than that of white men in this category.<sup>2</sup>
- Between 2004 and 2008, the rate of syphilis increased among all racial and ethnic minority groups, except for American Indian/Alaskan Natives.<sup>2</sup>
- In 2008, the rate of syphilis among African American women was more than 15 times higher than among white women.<sup>2</sup>

The linkages between STD infection and HIV infection

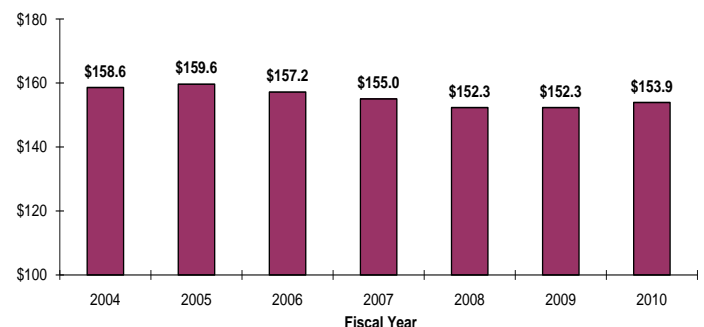
## DIVISION OF STD PREVENTION

<b>FY2011 Recommendation*:</b>	<b>\$367.4 million</b>
<b>FY 2011 President's Budget:</b>	<b>\$160.6 million</b>
<b>FY2010 Appropriation:</b>	<b>\$153.9 million</b>
<b>*\$213.5 million increase</b>	

are undeniable. Those infected with STDs are two to five times more likely to acquire HIV through sexual contact.<sup>3</sup> STDs increase this susceptibility and infectiousness by these mechanisms:

- STDs such as syphilis and herpes cause genital ulcers which act as points of entry for the HIV virus.<sup>3</sup>
- Inflammation from non-ulcer causing infections such as chlamydia and gonorrhea increase the number of CD4+ cells, which are targets for the HIV virus.<sup>3</sup>
- Studies show that HIV-infected persons who are also infected with other STDs are more likely to transmit HIV through genital secretions.<sup>3</sup>
- Comprehensive STD treatment can reduce the likelihood of HIV transmission.<sup>3</sup>
- Individuals with herpes are more susceptible to HIV and HIV infected individuals are more infectious. Knowing one's HIV status can prevent further transmission to others and lower the individual's infectiousness.<sup>3</sup>

STD Prevention Funding, FY2004-FY2010



# FY2011 STD Prevention Funding Needs

## UNMET PROGRAMMATIC AND FISCAL NEEDS

To address the alarming rates of STDs in the U.S. the following investments in STD programming must be made:

- **Invest in Core STD Services**  
Preventing STDs depends in large part upon state and local public health infrastructures. STD prevention programs at CDC have been cut or flat-funded since FY2003 while the number of persons infected continues to climb. The U.S. has the unwanted distinction of having the highest rates of STDs of all industrial nations. In 2008 the United States experienced record increases of chlamydia (9.2%) and syphilis (13.1%).
- **Invest in Infertility Prevention**  
The Infertility Prevention Program (IPP) is a major CDC program authorized by Congress that has been successful in reducing rates of chlamydia, the chief cause of infertility in the U.S. Funds are needed to expand chlamydia screening to at-risk women in each of the 65 state and local health departments funded by CDC. These funds would also enhance gonorrhea screening and surveillance activities.
- **Invest in Syphilis Elimination**  
The rates of primary and secondary syphilis, the most infectious stages of the disease, decreased throughout the 1990s, and in 2000 reached an all-time low. However, since 2000 as STD funding has declined the syphilis rate in the U.S. has increased by 114 percent.<sup>4</sup> Additional funding is needed to support CDC's National Syphilis Elimination Plan to prevent the resurgence of epidemic syphilis and with it, the creation of new waves of HIV transmission.
- **Integrate STD Screening and Treatment to Enhance HIV and Hepatitis Prevention**  
A person with a pre-existing STD has a two to five fold greater risk of acquiring HIV/AIDS. Funding for STD screening and treatment to enhance HIV prevention will provide on-site STD screening, treatment, and related services in settings serving HIV infected and at-risk individuals, particularly in areas in which STD increases are occurring among men who have sex with men (MSM). Funds are also needed to provide hepatitis A and B vaccine and screening for hepatitis C for high risk adults in STD clinics.
- **Build a Response to Viral STDs (Herpes, HPV, Hepatitis B)**  
Over 45 million Americans, almost 26 percent of the U.S. population, are infected with herpes simplex virus (HSV), a treatable but incurable viral STD. Improved treatment of HSV is fundamental to

reducing the rates of transmission. An estimated 20 million Americans are infected with human papillomavirus (HPV), the cause of about 90 percent of all cervical cancer cases. The most common source of hepatitis B virus (HBV) infection among adults in the U.S. is sexual contact. Funding is needed to expand prevention efforts on HPV and HBV and deliver education on the availability of preventive vaccines.

- **Invest in STD Prevention Among Adolescents**  
Given the startling reality that one in four adolescent girls has an STD, additional funding will enable STD screening of adolescents, strengthen surveillance activities, augment STD components of school health education and expand testing for other STDs in school-based clinics.
- **Invest in Partner Services**  
Partner services are an important public health strategy to control and prevent the spread of STD and HIV. Partner services are offered to individuals infected with STDs, to their partners, and to other persons who are at increased risk for infection in an effort to prevent transmission of these diseases and to reduce complications resulting from an untreated STD. These services require appropriately trained staff and funding to support these critical services. Additional funding would allow for expansion of expedited partner therapy in states where the legal obstacles have been overcome.

## REFERENCES

- <sup>1</sup> Centers for Disease Control and Prevention. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease. Press Release. Available as of March 18, 2008 at <http://www.cdc.gov/stdconference/2008/media/release-11march2008.htm>.
- <sup>2</sup> Centers for Disease Control and Prevention. Surveillance Report, 2008. Available as of November 16, 2009, at <http://www.cdc.gov/std/stats08/>
- <sup>3</sup> Centers for Disease Control and Prevention. The Role of STD Detection and Treatment in HIV Prevention. Fact Sheet. Available as of March 18, 2008, at <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm>
- <sup>4</sup> Centers for Disease Control and Prevention. Symposium Abstract A6b - Syphilis in the United States: Epidemiology and Emerging Issues - Preliminary CDC Data Show Seventh Consecutive Year of U.S. Syphilis Increases. Available as of March 18, 2008, at <http://www.cdc.gov/stdconference/2008/media/summaries-12march2008.htm#wed1>