APRIL 2019

QUICK TAKE

THE US STI CRISIS

THE NUMBER OF SEXUALLY TRANSMITTED INFECTIONS (STIs) IS RISING. Many Americans will acquire an STI over their lifetime, yet STIs are treated as a hidden shame, a sign of immoral behavior, or a trivial affliction and are rarely prioritized in conversations about health or health care delivery. About 20 million new STIs occur each year. While not all STIs are reported to the Centers for Disease Control and Prevention (CDC), the growth in new reported cases is especially alarming. As recently as 2000, public health officials were cheering the success at reducing cases of chlamydia, gonorrhea, and syphilis and were imagining the outright elimination of syphilis. Starting in 2002, funding fell and today we have an urgent crisis with more cases, growing threats from drug-resistance, and inadequate public health funding even in the face of soaring rates.

WORRYING TRENDS

% INCREASE FROM 2013-2017

22% | CHLAMYDIA
1.7 MILLION CASES IN 2017

67% | GONORRHEA
555,608 CASES IN 2017

80% | SYPHILIS
101,567 CASES IN 2017

STIs IN 30 SECONDS

WHO

ADOLESCENTS AND YOUNG ADULTS
Half of all new STI diagnoses are in young people aged 15-24 even though they comprise only a quarter of sexually active people.

WOMEN AND INFANTS
Many STIs are asymptomatic and can have serious complications for women and their infants. Chlamydia and gonorrhea can lead to pelvic inflammatory disease (PID), which can cause ectopic pregnancies and infertility. Many STIs can cause serious harm to newborns. Rates of congenital syphilis among newborns are on the rise (918 cases were reported in 2017) and untreated syphilis can cause fetal death.

GAY AND BISEXUAL MEN AND TRANSGENDER PEOPLE
Many STIs very disproportionately impact gay and bisexual men. Roughly 2 in 3 cases of primary and secondary syphilis are diagnosed among these men. An estimated 10% of new HIV infections among gay and bisexual men are caused by chlamydia or gonorrhea infection. Incomplete data on transgender people limits our understanding of STI health inequities related to gender identity.

RACIAL/ETHNIC MINORITY COMMUNITIES
Many minority communities are heavily impacted by STIs, reflecting inequities in social and economic conditions. This can arise from discrimination, language barriers, providers bias, along with less access to affordable STI services. For chlamydia, Black women are 5.0 times more likely to be diagnosed than white women, and Black men are 6.6 times more likely to be diagnosed than white men.

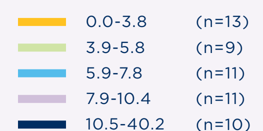
WHAT

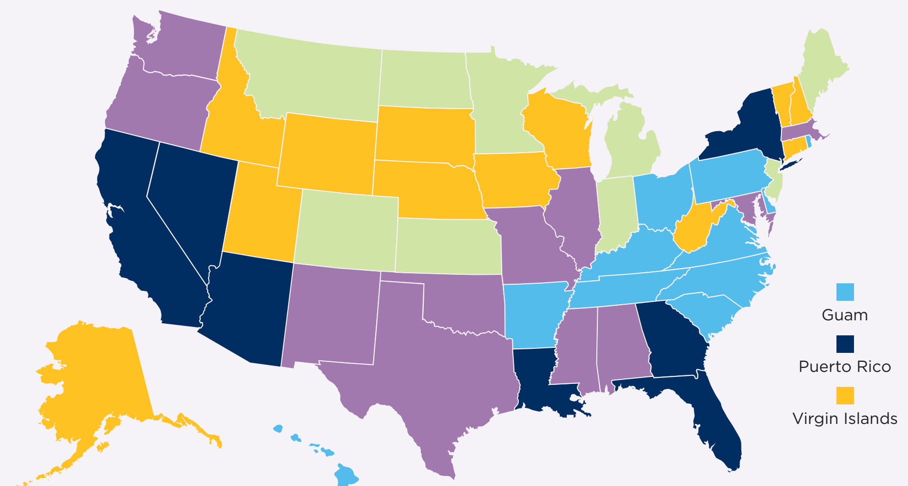
CHLAMYDIA, GONORRHEA, HEPATITIS, HERPES, HIV, HUMAN PAPILLOMAVIRUS (HPV), SYPHILIS, TRICHOMONIASIS, AND MORE

WHERE

STIs ARE A PUBLIC HEALTH THREAT THROUGHOUT THE US, BUT THE BURDEN IS NOT SPREAD EQUALLY.

Primary and Secondary Syphilis, 2017





SOURCE: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance 2017, released 2018.

OPPORTUNITIES FOR INNOVATION

VACCINE DEVELOPMENT	The Nation needs a concerted effort to develop vaccines for leading STIs, including gonorrhea, chlamydia, and syphilis. A well-funded public commitment to develop new STI vaccines within 5 years could produce results.
TREATMENT PIPELINE	Some common treatments for STIs were developed more than a century ago and standard antibiotics are losing effectiveness with growing threats of multi-drug resistant strains of several STIs. There is not an adequate treatment pipeline that is testing new therapeutic agents, and there have been recent shortages of longstanding treatments for syphilis. New public and private investments are needed.
FINANCING AND PRICING FOR STI DIAGNOSTICS AND THERAPEUTICS	Insurers often balk at paying to screen the mouth, urethra, and rectum, which is the standard of care for screening for gonorrhea and chlamydia in gay and bisexual men. Also, the cost of these screens is often exorbitant considering the relative simplicity of the tests and the cost of treatment for syphilis can be out of reach for many patients because of pricing or high co-pays. Policy changes should seek to expand access to screenings based on sexual history, lower costs, and expand access, and may include bulk purchasing agreements or new laboratory financing arrangements.
ALTERNATIVE SCREENING AND SERVICE DELIVERY	Many clients and providers are clamoring for more client-directed screening options that could save money, reduce clinical provider burden, and increase screening rates. Options include home-testing, use of minute clinics, as well as partnerships with community-based organizations. STI screening methods among PrEP users (for HIV prevention) is also fostering innovation in how STI services are delivered.
PROGRAM INTEGRATION	Significant synergies could be achieved if support was provided to integrate services and program cultures (and make data systems interoperable) across STI, HIV, behavioral health, substance use disorder (SUD) and other public health programs within health departments with attention to social determinants of health. From 2013-2017, for example, primary and secondary syphilis increased 73% nationally and 156% among women. Much of this is related to overlapping challenges associated with drug use, particularly methamphetamine use. Program and service integration affords opportunities for comprehensive sexual health services in the context of individual lives.

Sexual Health Makes America Healthy

By embracing and publicly championing sexual health, we can improve health for all. Shame is an inappropriate and stigmatizing tool that has failed to prevent soaring STI rates and hinders our ability to promote health and reach many of the most affected communities.

Starting with education and self-esteem development that can delay sexual initiation among adolescents, education and dialogue can help to maximize happiness and satisfaction with sex at all phases of life. This includes quality sexual health education in school settings. Schools can influence students' risk for many behaviors and experiences that put them at higher risk for HIV, STIs and pregnancy. Moreover, a part of sexual health education for all is teaching the importance of consent and how to obtain it, giving individuals tools for assessing their own goals to reduce their risk of acquiring STIs, and providing access to screenings and other services to diagnose and treat infections.

Inadequate Public Health Investment

The STI clinic infrastructure needs strengthening to keep up with the current STI crisis. Federal funding for STI prevention is allocated primarily to the Division of STD Prevention within the National Center for HIV, STD, Viral Hepatitis, and TB Prevention at CDC. For FY 2019, Congress appropriated $157.3 million to CDC for STI prevention. There is no dedicated federal funding program for STI care and treatment. These investments are relatively small compared to the scope of the crisis, and this means fewer resources are available to invest in critical surveillance, screening, and outbreak response activities, or to fund the development and evaluation of new interventions and therapeutic agents.

TO LEARN MORE

See the resources of the National Coalition of STD Directors at **ncsddc.org**.

See the National Academy of Public Administration's report on the impact of STIs on the US at **napawash.org/%20studies/academy-studies/impact-of-stds-on-us**.

The Treatment Action Group has recently published an STI drug pipeline report, available at **http://treatmentactiongroup.org/sites/default/files/TAG_Pipeline_STI_2019_draft.pdf**.

For federal resources on STIs, see the Centers for Disease Control and Prevention at **cdc.gov/std/default.htm**.

OUR NATIONAL NEGLECT IN PREVENTING AND TREATING STIs IS IMPOSING UNNECESSARY COSTS ON AMERICAN SOCIETY. WE CAN AND MUST DO BETTER.

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http://bit.ly/USHIVpolicyproject

SOURCES: Unless noted otherwise, CDC is the source for the information presented here.